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VOLUME III

MEDICAID MANAGEMENT INFORMATION SYSTEM

GENERAL SYSTEMS DESIGN FOR TITLE XIX

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service

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VOLUME III: Surveillance and Utilization Review Subsystem

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social And Rehabilitation Service
Associate Administrator For Information Systems

Division of Medicaid Systems

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MEDICAID
MANAGEMENT INFORMATION SYSTEM

GENERAL SYSTEMS DESIGN

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INTRODUCTION

A. GENERAL

The General Systems Design of the Model Medicaid Management Information System is a product of the Division of Management Information and Payment Systems, Medical Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare.

The General Systems Design is comprised of an introduction, a management overview or executive brief, six sections describing individual subsystems within the Model System, and an Appendix. This material has been grouped for convenience of handling into five volumes.

B. DOCUMENTATION ORGANIZATION

The General Systems Design documentation for each of the six subsystems that make up the Model System is presented within its respective section as follows:

1. Subsystem summary, where the subsystem objectives are itemized and a general description of the subsystem is provided.
2. Design elements, where all assumptions and constraints imposed are listed, where considerations affecting the design of the subsystem are discussed, and where the controls and audit trails established to insure subsystem integrity are listed.
3. Processing flow, where a detail description is furnished of how each module functions within the subsystem.
4. Subsystem outputs, where each major output is defined as to purpose, distribution, content, and format.
5. Subsystem inputs, where each major input is defined as to use, source, and data element content.
6. Subsystem files, where each major file is defined as to function and data element content.
7. Input/Output matrix, where data elements used in a subsystem are identified as to their source and distribution.

Volume V - Appendix contains the following General Systems Design documentation:

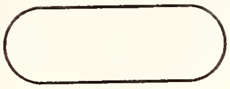
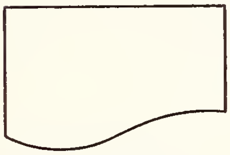
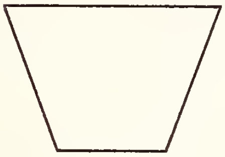
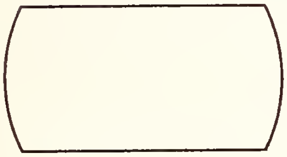
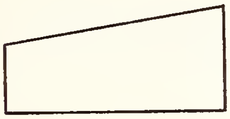
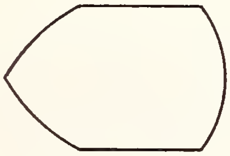
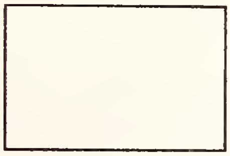
1. A glossary which indicates the specialized meaning of various terms used in the design documentation.

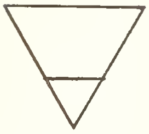
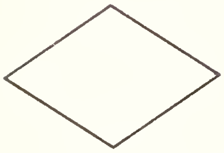
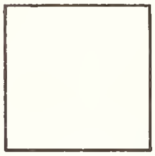
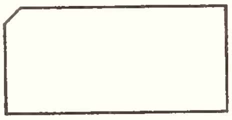
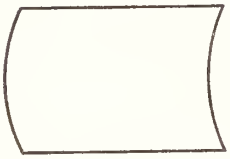
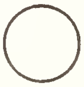
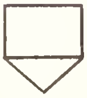
2. Data element definitions which provide an explanation of each data element, and where applicable, a recommended code structure.

C. FLOWCHART SYMBOL EXPLANATION

In certain portions of the General Systems Design documentation flowcharts are used to graphically describe the processing flow. An explanation of the symbols employed is furnished on the following pages.

FLOWCHART SYMBOLS

SYMBOL	EXPLANATION
	Terminal point - indicates exit from a module to another module or subsystem; indicates entry to a module from another module or subsystem.
	Document - computer printed output; manually created reports; source documents.
	Manual process step - a step in which no equipment, other than normal clerical devices, is used.
	Keying - a process step involving the generation of machine-readable records using a key-driven device.
	Manual input - information input by on-line keyboard.
	Display - information display by on-line video devices.
	Computer processing step - processing which takes place in the computer.

SYMBOL	EXPLANATION
	Off-line file - a file of non-machine-readable data such as documents.
	Decision - a processing step (manual or computer) in which a decision is made and one of several alternatives selected.
	Off-line equipment processing - a processing step which utilizes off-line equipment (e.g., sorter, microfilm machine).
	Input/Output function in card medium.
	On-line file - a file composed of machine-readable data (e.g., drum, tape, disk).
	On-page connector - indicates entry to a process from a point on the same page; indicates exit to a process on the same page.
	Off-page connector - indicates entry to a process from another page; indicates exit to a point on another page.

D. DOCUMENTATION NOMENCLATURE

1. Design Element Identification

As a part of the General Design documentation for individual subsystems, specifications for inputs, outputs, and data files are provided. To provide a means of unique identification for these design elements, the following reference scheme is used:

XX-Y-ZZ

where XX identifies the source subsystem for the design element per the following abbreviations:

RS	Recipient Subsystem
PS	Provider Subsystem
CP	Claims Processing Subsystem
RF	Reference File Subsystem
SU	Surveillance and Utilization Review Subsystem
MR	Management and Administrative Reporting Subsystem

where Y identifies the design element per the following code:

O	Output
I	Input
F	File

where ZZ is a unique two digit number identifying the particular design element.

2. Data Element Numbering

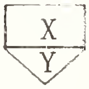
Each subsystem serves as a point of entry for various data elements that are collected, processed, and displayed on one or more outputs from the Model System. The following ranges of numbers are allocated by subsystem for assignment to data elements that originate in that subsystem.

100-199	Recipient Subsystem
200-299	Provider Subsystem
300-499	Claims Processing Subsystem

500-599	Reference File Subsystem
600-699	Management and Administrative Reporting Subsystem
700-799	Surveillance and Utilization Review Subsystem

3. Flowchart Connectors

As a part of the documentation of each subsystem, module flowcharts are furnished to describe the processing flow. In some instances, more than one flowchart page is required for a module. This situation results in the need for processing connectors as follows:

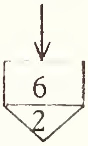


where X is the number of a specific flowchart page. If the flowchart indicates an exit connector, then X is the page to which exit is made. If the flowchart indicates an entry connector, then X is the page upon which entry is made.

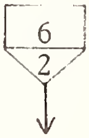
Y is the unique number designating a particular exit or entry point on the page.

For example:

From Page 4 exit connector



To Page 6 entry connector



MEDICAID

MANAGEMENT INFORMATION SYSTEM

SECTION IV

SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM

SECTION VI

SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM

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VI. SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM

A. SUBSYSTEM SUMMARY

1. Objectives

The Surveillance and Utilization Review (S/UR) Subsystem has been developed to accomplish the following primary objectives:

a. Develop, over time, a comprehensive statistical profile of health care delivery and utilization patterns established by provider and recipient participants in the various categories of service authorized under the Medicaid Program.

b. Reveal and investigate potential misutilization, and promote correction of actual misutilization of the Medicaid Program by its individual participants.

c. Provide information which will reveal, and facilitate investigation of potential defects in the level of care or quality of service provided under the Medicaid Program.

d. Accomplish the substantive objectives stated above with a minimum level of manual clerical effort and with a maximum level of flexibility with respect to management objectives.

2. General Description

The basic approach employed by the S/UR Subsystem, in achieving its stated objectives, is the technique of exception reporting. Within the context of the Medicaid program, exception reporting involves the following major functions:

a. Maintain such data on the activities and characteristics of individual Medicaid participants as may be obtained from adjudicated claims and from provider and recipient enrollment procedures.

b. Classify participants into peer groups according to demographic and medical characteristics.

c. Develop a statistical profile of each peer group classification to be used as a base line for evaluation.

d. Develop a statistical profile, compatible with the peer group profile, of each individual participant.

e. Evaluate each individual participant profile against its appropriate group profile.

f. Report, as suspected misutilizers, all individual participants who deviate significantly from their group norm.

All of the functions listed above are accomplished in the Model System by use of computer processing. Only the functions of peer group classification and establishment of group norms require human intervention, and that, only in the early stages of the Model System's operation. Once the system has been stabilized and tailored to fit the particular circumstances of its user, only minor adjustments are required to compensate for unusual changes in the Medicaid environment.

Thus, through the technique of exception reporting the proportionately small number of potential misutilizers is isolated from the many thousands of Medicaid participants, with the speed, accuracy and economy of computer processing.

In order to complete the scope of the S/UR Subsystem the following additional functions are performed on the basis of information developed by the process of exception reporting:

a. Investigate suspected misutilizers by examination of their adjudicated claims, by peer review, and by the conduct of field audits.

b. Determine actual misutilizers.

c. Initiate appropriate corrective action against actual misutilizers according to the nature of their deviant activities and practices.

Again the computer assists in the essentially manual functions of investigation and action. The Model System maintains, on computer files, all essential data from all adjudicated claims for up to one year. These claims may be selected and printed, at the request of the user, in such a way that only information which is of value in making a determination of misutilization is displayed for the user. That is, it is not necessary to search through every claim of every suspected misutilizer in order to find those of interest; the computer does the searching according to simple user instructions.

Another tool recommended by the Model System to facilitate investigation of suspected misutilizers is a permanent microfilm record of the periodic profiles of all participants and the details of all adjudicated claims as recorded since the inception of the Model System. From this microfilm record, up-to-date and historical information may be obtained on any Medicaid participant for whatever uses may be required.

For purposes of this presentation, the processing required to support the objectives and functions of the S/UR Subsystem has been divided into the logical groupings or modules listed below. These modules are not intended to imply a data processing system flow, but rather a functional information and processing flow.

a. File Maintenance Module.

b. Management Summary Module.

c. Summary Profile Control Module.

d. Summary Profile Reporting Module.

e. Treatment Analysis Control Module.

f. Treatment Analysis Reporting Module.

g. Claim Detail Control Module.

h. Claim Detail Reporting Module.

i. Special Report Writer Module.

j. Investigation and Action Module.

The first six of these modules support the exception reporting functions of the S/UR Subsystem, while the last four modules support the investigation and action functions of the subsystem. A detailed explanation of each of these modules may be found in Section VI-C.

Five major groups of reports are produced by the subsystem. A general description of these reports is provided below, while a detailed description may be found in Section VI-D.

a. Management Summary Reports present a statistical profile on each of the peer group classifications defined by the user. The content of these reports corresponds to that of the Summary Profile and Treatment Analysis Reports described below. These reports will communicate to the user the group norms developed by the system, and will assist him in whatever modifications may be required to tailor these norms to his needs.

b. Summary Profile Reports present, for each individual Medicaid participant, an interrelated set of statistical report items which have been carefully selected to reveal common types of misutilization subject to detection by statistical reporting techniques. Data on these reports are presented in such a manner that long term trends in utilization patterns may be easily recognized without compromising the need to recognize potential misutilization at the soonest possible moment.

c. Treatment Analysis Reports are available to facilitate, to the extent possible, an analysis of the level and quality of care rendered by individual providers of physician and inpatient hospital services. Data on these reports are organized to show specific services rendered in response to specific diagnoses.

d. Claim Detail Reports are available to support the investigation of misutilization by individual participants. These reports permit a high level of user selectivity in displaying essential data from each adjudicated claim.

e. Special Reports may be requested from the system. The content and format of these reports is specified by the user. Any data contained in a computer file of adjudicated claims may be selected and printed, in order to satisfy requirements for information not met by the standard reports mentioned above.

Although the S/UR Subsystem is not dependent upon any particular processing cycle, the following cycles are recommended, and incorporated into this documentation.

a. All file maintenance processing and the production of Management Summary and Summary Profile Reports pertaining to providers should be accomplished on a monthly basis.

b. Production of Management Summary and Summary Profile Reports pertaining to recipients and the production of Treatment Profile Reports should be accomplished on a quarterly basis.

c. Production of Claim Detail and Requested Special Reports should be accomplished as required.

B. DESIGN ELEMENTS

1. Constraints and Assumptions

The Surveillance and Utilization Review Subsystem was designed based on the following constraints and assumptions:

a. This subsystem is largely constrained by the nature and accuracy of information made available to it through the vehicle of adjudicated claims. The entire design of the Surveillance and Utilization Review Subsystem assumes the existence of the Model System Claims Processing, Provider, and Recipient Subsystems or their equivalents.

b. The Surveillance and Utilization Review Subsystem has been designed with the primary objective of assisting the detection of misutilization of the Medicaid Program by its individual participants, and initiating corrective action against proven cases of misutilization. While a system of this nature could easily be expanded to include management and administrative reporting, that function in the Model System has been made the subject of the Management and Administrative Reporting Subsystem (MARS).

c. This subsystem assumes the existence of an adequately staffed and well trained Surveillance and Utilization Review Unit. This organizational unit should be of sufficient size to deal with all major cases of misutilization and should be possessed of sufficient medical and administrative knowledge to make complete and intelligent use of the Surveillance and Utilization Review Subsystem.

d. Although the Surveillance and Utilization Review Subsystem has been designed such that it may be implemented with the minimal computer configuration defined for the entire Model System, its operating efficiency, responsiveness, and cost effectiveness will be maximized by use of a large scale computer with extensive direct access storage capability.

2. Design Considerations

During the development of the general design of the Surveillance and Utilization Review Subsystem, a number of design decisions were required in areas where more than one approach was feasible. An evaluation was conducted on the advantages and drawbacks connected with each alternative identified, prior to adoption of a particular solution or approach for the Model System. The discussions that follow summarize, for each major item of consideration, the alternatives explored and the resulting Model System recommendation.

a. Level of Exception Reporting

Although it is generally agreed that some type of exception reporting is the feasible approach to surveillance and utilization review, the level at which exception reporting is accomplished is subject to considerable debate. Three basic levels of exception reporting have been identified as follows:

(1) Claim Detail Level.
(2) Diagnosis Code Level.
(3) Individual Participant Level.

Processing at the Claim Detail Level would involve printing out information on all claims which individually or collectively, with respect to an individual participant, violate predetermined exception criteria. This level of reporting is extremely cumbersome and tedious for human use, and gives only a fragmented picture of the activities of a given participant. There is, however, a definite need for supporting claim detail on participants otherwise identified as misutilizers. This need is met in the Model System by a facility for selecting claims by participant identification number, dates of service, category of service, procedure code and/or diagnosis code.

Processing at the Diagnosis Code Level would involve printing out information on treatment, which is not in accord with good medical practice, rendered in response to a given diagnosis. The most obvious problem with this approach is the difficulty of specifying in analytical form what is good medical practice. This problem is compounded by the extreme difficulty encountered in collecting on claim forms, accurate and complete information on diagnoses and procedures. To the extent that this type of exception processing is possible on a reasonable basis, it has been incorporated into the Model System Claims Processing Subsystem. In recognition of the value of the Diagnosis Code Level of reporting, Treatment Analysis Reports for physician services and inpatient hospital services have been incorporated into the Surveillance and Utilization Review Subsystem. Treatment Analysis Reports for all other categories of providers have not been included in the S/UR Subsystem, due to the low probability of obtaining necessary supporting data in an accurate form and the high level of expense required to produce these reports. Since the majority of complex medical care is delivered by physicians or physician organizations and by inpatient hospitals, it is felt that the maximum benefit available from treatment analysis reporting will be derived from a consideration of these two categories of providers. While an exception processing capability has been designed for these reports, it is anticipated that its use will be delayed until a data base adequate for the development of norms for each diagnosis code has been accumulated. During this interim period and at any time that the need may arise, Treatment Profile Reports may be produced by selection on the basis of individual provider numbers.

Processing at the Individual Participant Level involves summarizing data from individual claims of each participant in order to develop a statistical profile of that participant, and then printing profiles of all participants which violate predetermined norms. This approach gives a picture of the average Medicaid utilization of each participant in a form which is relatively easy to comprehend and with which to work. The primary disadvantage of this level of exception reporting is a loss of specificity with respect to diagnosis-treatment interrelationships. In adopting the summary profile approach as the primary vehicle of exception reporting, the S/UR Subsystem mitigates this loss of specificity by providing a facility to break out the summary profiles of providers of major categories of service according to general types of service rendered.

It is felt that summary profile exception reporting will, thus, provide at least a "first line of defense" against misutilization and direct attention to Treatment Analysis Reports and Claim Detail Reports for a more specific investigation of suspected misutilizers.

b. Exception Reporting Logic

In order to implement an exception reporting system, a specific logic must be developed by means of which a determination may be made of whether or not an exception to the norm exists. In the case of the S/UR Subsystem, this involves comparing data elements of an individual participant profile against corresponding data elements of a normal profile and reporting an exception if certain combinations of individual participant data elements deviate from their norms by a specified margin.

The logic for specifying combinations of data elements and margins of deviation may vary from completely free form notation to highly structured, specific control parameters. The former approach offers a high level of flexibility but is rather difficult to use effectively on a routine basis. The latter approach sacrifices a degree of flexibility but, if properly designed, is very easy to use.

In recognition of the need for a high level of flexibility to facilitate dealing with future, presently unknown, requirements for information, the S/UR Subsystem incorporates a free form notation, exception logic into a Special Report Writer Module. Exception logic for the Summary Profile Reports and the Treatment Analysis Reports is structured to fit the fully specified requirements met by these reports, and has been designed to offer the level of flexibility required, while retaining a level of simplicity conducive to frequent use.

The basic logic of exception processing employed by the S/UR Subsystem involves the specification of a range of acceptable values for each statistical item appearing on each report. This specification is generated by the computer system, but is capable of being changed by the user. As a general rule, one statistical item outside the specified value range is sufficient to cause exception of an entire participant profile. It is not a requirement, however, that each statistical item be subjected to exception processing. In the case of Summary Profile Reports, exception of a statistical item in the Volume Summary Section is a necessary condition for the exception of a participant profile. This facility is incorporated to prevent exception of very low volume providers, the investigation of whom cannot be cost justified.

Each summary profile consists of a number of statistical items of two general types: volume or descriptive items, and relational or analytical items. Since volume items may vary widely in value from participant to participant within a particular group, these items should be considered as essentially descriptive and used in exception processing only with great care. Relational items are largely independent of variations in volume and therefore should be used as the primary basis for exception processing.

c. Prospective, Concurrent and Retrospective Review

Utilization review techniques are generally classified as being prospective, retrospective or concurrent with respect to the delivery of service and/or payment. Each of these approaches to utilization review has its own strengths and weaknesses, particularly with reference to the nature of the services being reviewed. Prospective utilization review would appear to be most cost-effective when applied to relatively expensive, elective medical care or to situations where a definitive plan of treatment can be defined for a given patient. Concurrent utilization review seems to be practical only in an institutional environment where medical services are rendered continuously over a period of time and the high density of patients permits efficient use of scarce professional resources. Retrospective utilization review promises to be most effective in the areas of ambulatory care by practitioners and the dispensing of prescribed drugs where the places that care is delivered are widely distributed and each service encounter requires a relatively brief period of time. Retrospective review, however, is also effective as a monitoring mechanism over the performance of other types of utilization review activities.

Within the content of the MMIS, prospective utilization review activities are supported by the prior authorization facilities incorporated into the claims processing subsystem; concurrent utilization review requirements are assumed to be met by institution based utilization review committees and periodic medical review of nursing facility care; and retrospective utilization review activities are extensively supported by the S/UR Subsystem.

d. Third Party Liability Reporting

The S/UR Subsystem makes no attempt to report on third party liability other than that borne by Title XVIII; however, reports dealing with recipients do indicate the presence and type of third party coverage where applicable. It is felt that Title XVIII liability is as fully covered by the S/UR Subsystem as is possible with the data commonly made available through Medicare crossover claims. The exact nature of other third party liabilities varies from State to State and, therefore, will have to be incorporated into the S/UR Subsystem at the detailed design level for each State electing its adoption.

3. Controls and Audit Trails

In order to insure that all information is processed both completely and accurately, the following controls have been established:

Manual Processing Controls:

Field audits, peer reviews and welfare office investigations are controlled through a suspense file section of the Investigation and Action File. This suspense file procedure will assure that investigation of, and corrective action against suspected misutilization are completed in a timely and orderly manner.

Computer Processing Controls:

a. All of the system control parameters (see Section VI-E) are edited for accuracy, completeness, logical interrelationships, and compatibility with previously established parameters prior to updating the S/UR Control File. Erroneous parameters, detected by the system, are not allowed to update the control file.

b. Control totals, processing dates, and file identifications will be maintained in each file to make certain that all data processing files and records are properly balanced and accounted for.

C. PROCESSING FLOW

1. Introduction

The Surveillance and Utilization Review Subsystem consists of all activities necessary to monitor and control utilization of the Medicaid Program by its individual provider and recipient participants. To properly support these activities, the following primary functions are required:

a. Maintain such data on the activities of individual Medicaid participants as may be obtained from adjudicated claims.

b. Classify participants into peer groups according to demographic and medical characteristics.

c. Develop a statistical profile of each peer group classification as a base line for evaluation.

d. Develop a statistical profile, compatible with the group profile, of each individual participant.

e. Evaluate each individual profile against the appropriate group profile.

f. Report as suspected misutilizers, all individual participants who deviate significantly from their group norm.

g. Investigate suspected misutilizers in detail and document findings.

h. Determine actual misutilizers.

i. Initiate corrective action against actual misutilizers.

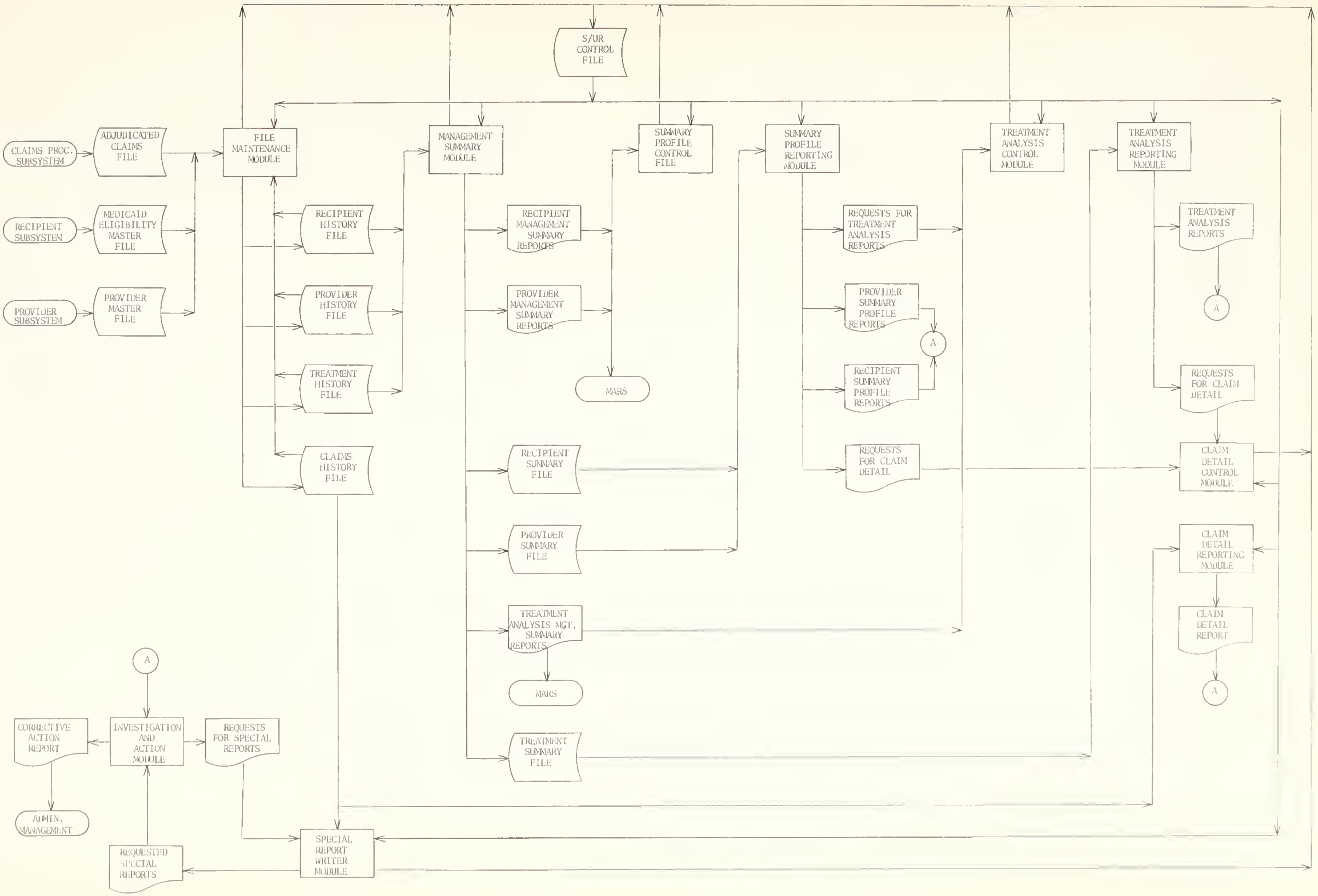
The detailed procedures necessary to support these functions of the Surveillance and Utilization Review Subsystem are documented in the following pages.

2. Functional Flow Diagram

The Surveillance and Utilization Review Subsystem

Functional Flow Diagram found on the following page graphically depicts the overall processing flow through the subsystem.

Surveillance and Utilization Review Subsystem Functional Flow Diagram


S/UR CONTROL FILE
CLAIMS PROC. SUBSYSTEM
ADJUDICATED CLAIMS FILE
RECIPIENT SUBSYSTEM
MEDICAID ELIGIBILITY MASTER FILE
PROVIDER SUBSYSTEM
PROVIDER MASTER FILE
FILE MAINTENANCE MODULE
RECIPIENT HISTORY FILE
PROVIDER HISTORY FILE
TREATMENT HISTORY FILE
CLAIMS HISTORY FILE
MANAGEMENT SUMMARY MODULE
RECIPIENT MANAGEMENT SUMMARY REPORTS
PROVIDER MANAGEMENT SUMMARY REPORTS
MARS
RECIPIENT SUMMARY FILE
PROVIDER SUMMARY FILE
TREATMENT ANALYSIS MGT. SUMMARY REPORTS
MARS
TREATMENT SUMMARY FILE
SUMMARY PROFILE CONTROL FILE
SUMMARY PROFILE REPORTING MODULE
REQUESTS FOR TREATMENT ANALYSIS REPORTS
PROVIDER SUMMARY PROFILE REPORTS
A
RECIPIENT SUMMARY PROFILE REPORTS
REQUESTS FOR CLAIM DETAIL
TREATMENT ANALYSIS CONTROL MODULE
TREATMENT ANALYSIS REPORTING MODULE
TREATMENT ANALYSIS REPORTS
A
REQUESTS FOR CLAIM DETAIL
CLAIM DETAIL CONTROL MODULE
CLAIM DETAIL REPORTING MODULE
CLAIM DETAIL REPORT
A
A
CORRECTIVE ACTION REPORT
INVESTIGATION AND ACTION MODULE
REQUESTS FOR SPECIAL REPORTS
ADMIN. MANAGEMENT
REQUESTED SPECIAL REPORTS
SPECIAL REPORT WRITER MODULE

3. Module Descriptions

The Surveillance and Utilization Review Subsystem is comprised of the modules listed below. The remainder of this section is devoted to descriptions of these modules. Each module is described in the following manner:

a. A brief description of major functions performed and outputs produced.

b. Processing Flowcharts.

c. Process Step Definitions, including special exhibits as required.

The Processing Flowchart provides a schematic of the processing flow within each module indicating each discrete processing step. Individual process steps are identified on the flowchart by a process step number on the form:

UX.YY

where U indicates the Surveillance and Utilization Review Subsystem

X indicates the module number

YY indicates the number of a process step within that module.

Immediately following the Processing Flowcharts are descriptions of the activities or functions occurring at each process step within the module. These descriptions are presented on the Process Step Definition Sheet. The process step number provides a means of cross reference between the Processing Flowchart and the Process Step Definition Sheets.

Module Number	Module Name	Page Number
U1	File Maintenance Module	VI-19
U2	Management Summary Module	VI-28
U3	Summary Profile Control Module	VI-34
U4	Summary Profile Reporting Module	VI-37
U5	Treatment Analysis Control Module	VI-42

Module Number	Module Name	Page Number
U6	Treatment Analysis Reporting Module	VI-45
U7	Claim Detail Control Module	VI-49
U8	Claim Detail Reporting Module	VI-53
U9	Special Report Writer Module	VI-57
U10	Investigation and Action Module	VI-62

SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM

FILE MAINTENANCE MODULE

Functions

The File Maintenance Module performs the following major functions:

a. Updates the S/UR Control File with any changes the user desires to make to Class Grouping Parameters.

b. Updates the Provider History File with current data from the Adjudicated Claims File and the Provider Master File.

c. Updates the Recipient History File with current data from the Adjudicated Claims File and the Medicaid Eligibility Master File.

d. Updates the Treatment History File with current data from the Adjudicated Claims File and the Provider Master File.

Outputs

The File Maintenance Module produces the following major outputs:

a. S/UR Control File.

b. Provider History File.

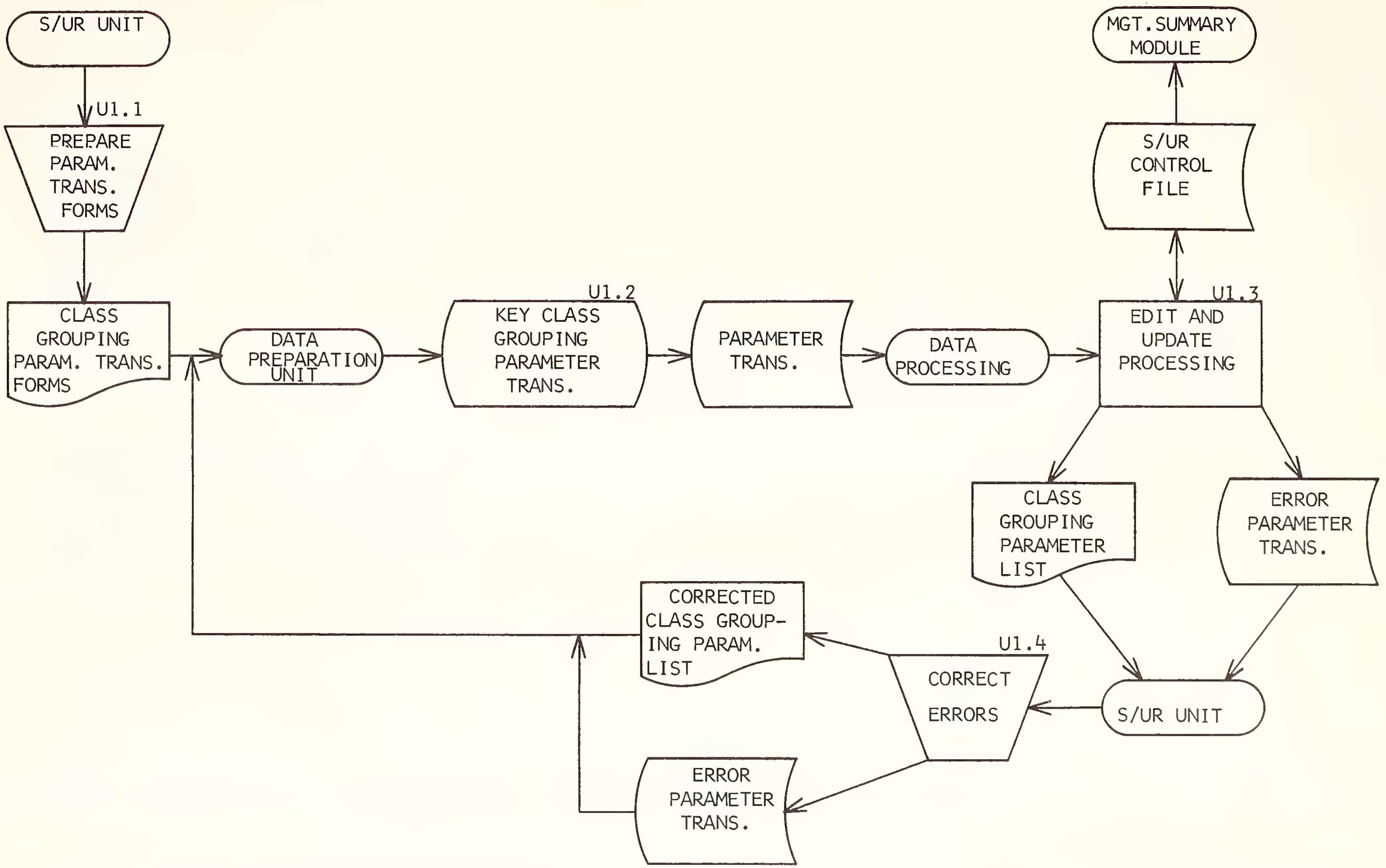
c. Recipient History File.

d. Treatment History File.

e. Claims History File.

f. Class Grouping Parameter Listing, with errors flagged.

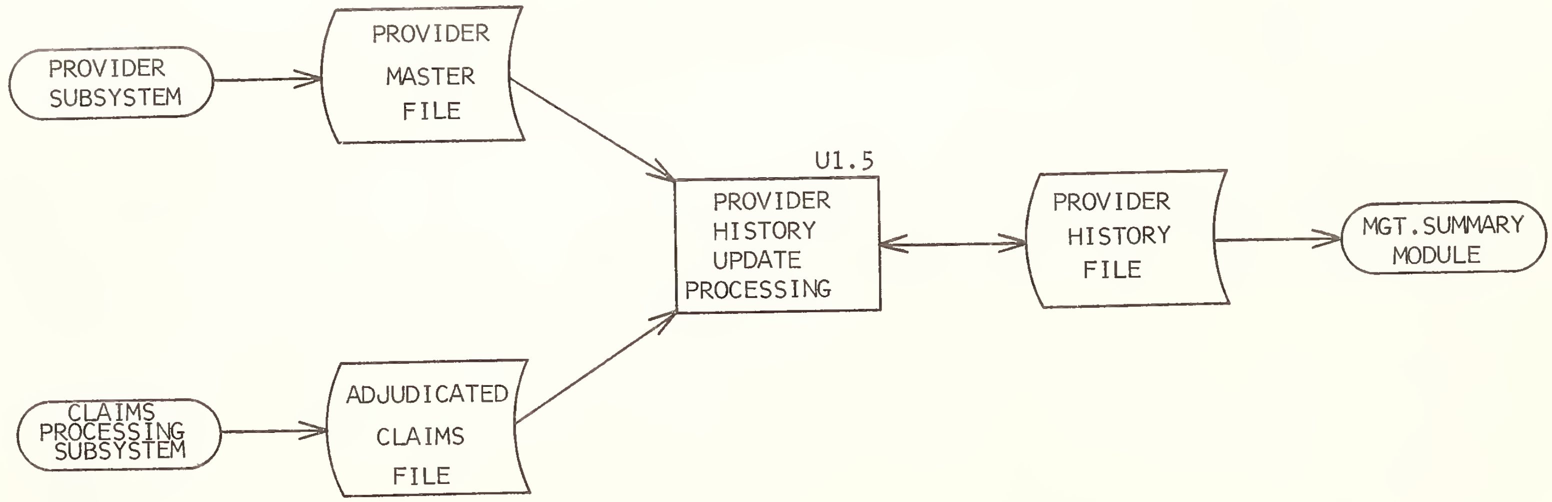
SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - FILE MAINTENANCE MODULE


S/UR UNIT
U1.1
PREPARE PARAM. TRANS. FORMS
CLASS GROUPING PARAM. TRANS. FORMS
DATA PREPARATION UNIT
U1.2
KEY CLASS GROUPING PARAMETER TRANS.
PARAMETER TRANS.
DATA PROCESSING
U1.3
EDIT AND UPDATE PROCESSING
S/UR CONTROL FILE
MGT. SUMMARY MODULE
CLASS GROUPING PARAMETER LIST
ERROR PARAMETER TRANS.
S/UR UNIT
U1.4
CORRECT ERRORS
CORRECTED CLASS GROUPING PARAM. LIST
ERROR PARAMETER TRANS.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - FILE MAINTENANCE MODULE



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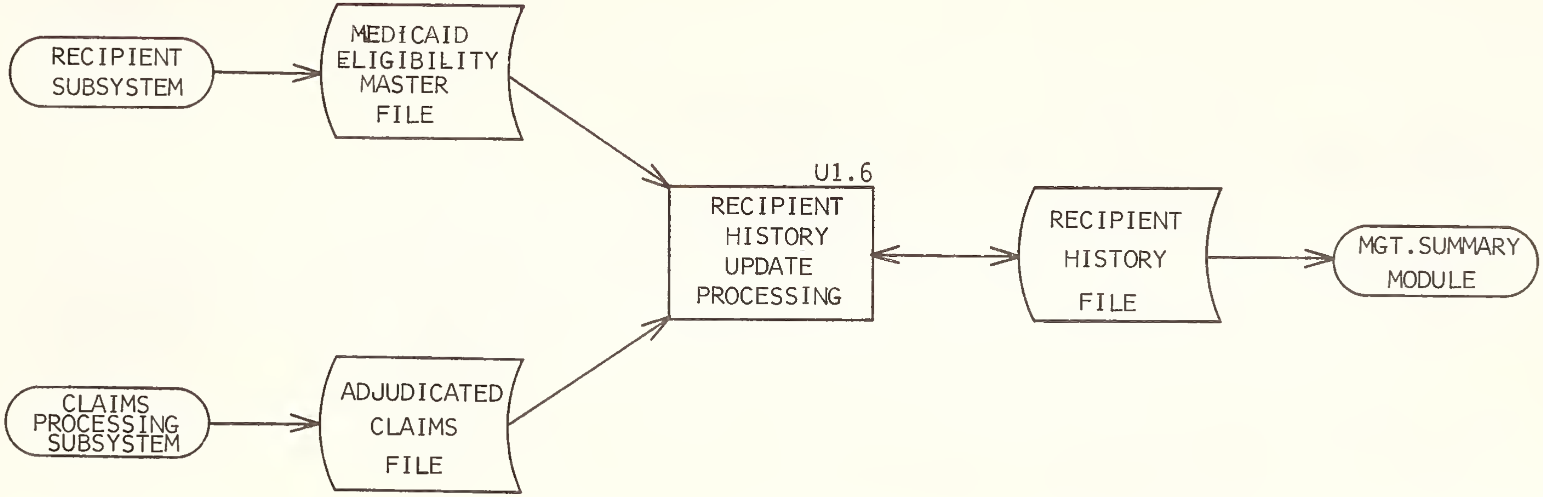
MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - FILE MAINTENANCE MODULE


RECIPIENT SUBSYSTEM
MEDICAID ELIGIBILITY MASTER FILE
CLAIMS PROCESSING SUBSYSTEM
ADJUDICATED CLAIMS FILE
U1.6
RECIPIENT HISTORY UPDATE PROCESSING
RECIPIENT HISTORY FILE
MGT.SUMMARY MODULE

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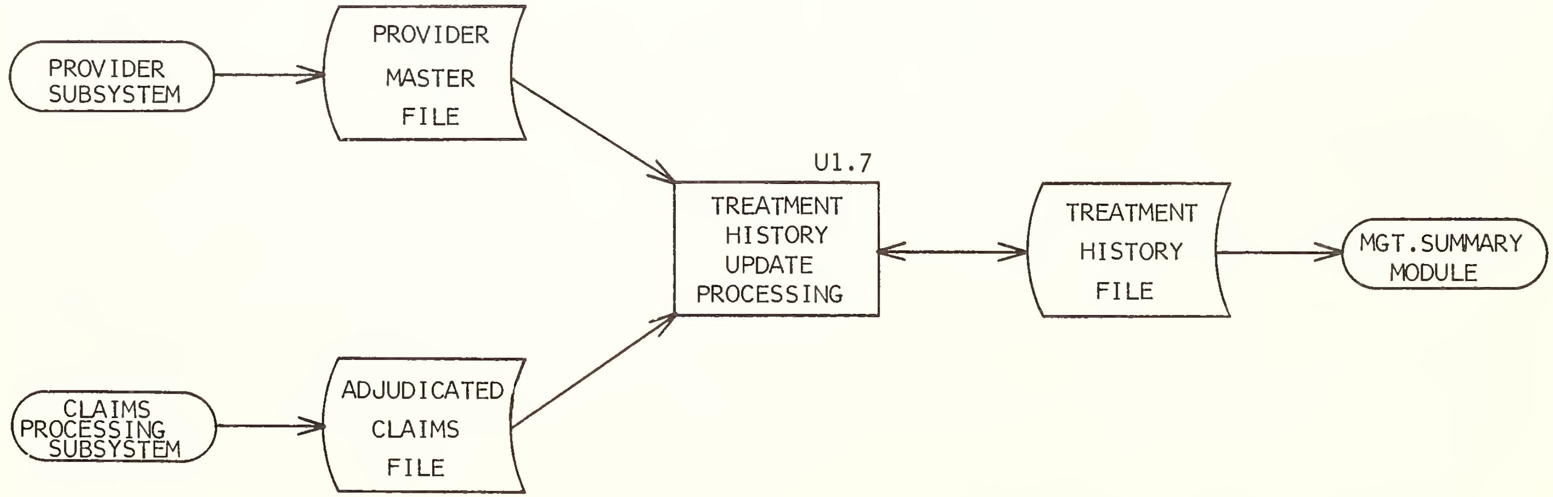
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

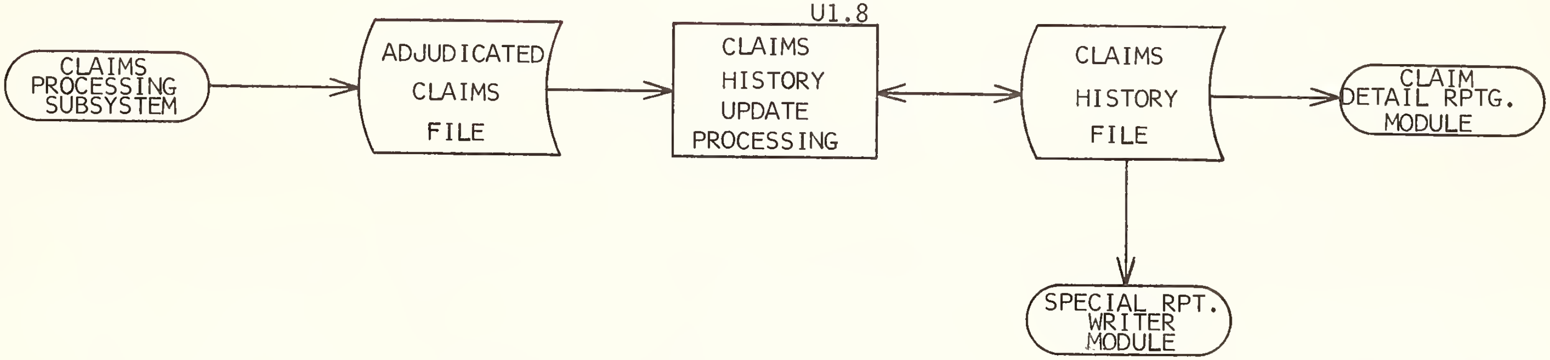
SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - FILE MAINTENANCE MODULE



MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - FILE MAINTENANCE MODULE


CLAIMS PROCESSING SUBSYSTEM
ADJUDICATED CLAIMS FILE
U1.8
CLAIMS HISTORY UPDATE PROCESSING
CLAIMS HISTORY FILE
CLAIM DETAIL RPTG. MODULE
SPECIAL RPT. WRITER MODULE

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MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - File Maintenance Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U1.1	S/UR Unit	Determine desired changes to Provider and Recipient Class Groupings. Prepare parameter coding forms, if necessary, to communicate changes in Class Groupings.
U1.2	Data Preparation Unit	Key Class Grouping Parameter Transactions into machine readable form.
U1.3	Data Processing	Edit Class Grouping Parameter Transactions for accuracy, completeness, and logical compatability. Update S/UR Control File with valid transactions. Return invalid transactions and error listing to S/UR Unit for correction.
U1.4	S/UR Unit	Correct invalid Class Grouping Parameter Transactions and return to Step U1.2.
U1.5	Data Processing	Update Provider History File with data extracted from the current month's Adjudicated Claims File and the current Provider Master File.
U1.6	Data Processing	Update Recipient History File with data extracted from the current month's Adjudicated Claims File and the current Medicaid Eligibility Master File.
U1.7	Data Processing	Update Treatment History File with data extracted from the current month's Adjudicated Claims File and the current Provider Master File.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - File Maintenance Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U1.8	Data Processing	Update Claims History File with data extracted from the current month's Adjudicated Claims File.

MANAGEMENT SUMMARY MODULE

Functions

The Management Summary Module performs the following major functions:

a. Summarizes data contained in the Provider History File, Recipient History File, and Treatment History File in order to develop a class total, average, and standard deviation for each Report Item, at each required classification level.

b. Tabulates Frequency Distributions for requested Report Items.

c. Prints the Management Summary Reports.

d. Using the averages and standard deviations, generates, and records on the S/UR Control File, Standard Exception Control Limits by Class Grouping for each Report Item, for later use in Provider and Recipient Summary Profile Reporting and in Treatment Analysis Reporting. Standard Exception Control Limits specify the maximum and minimum, acceptable levels of utilization.

e. Creates the Provider Summary File, Recipient Summary File, and Treatment Summary File.

Outputs

The Management Summary Module produces the following major outputs:

a. S/UR Control File.

b. Management Summary Reports.

c. Provider Summary File.

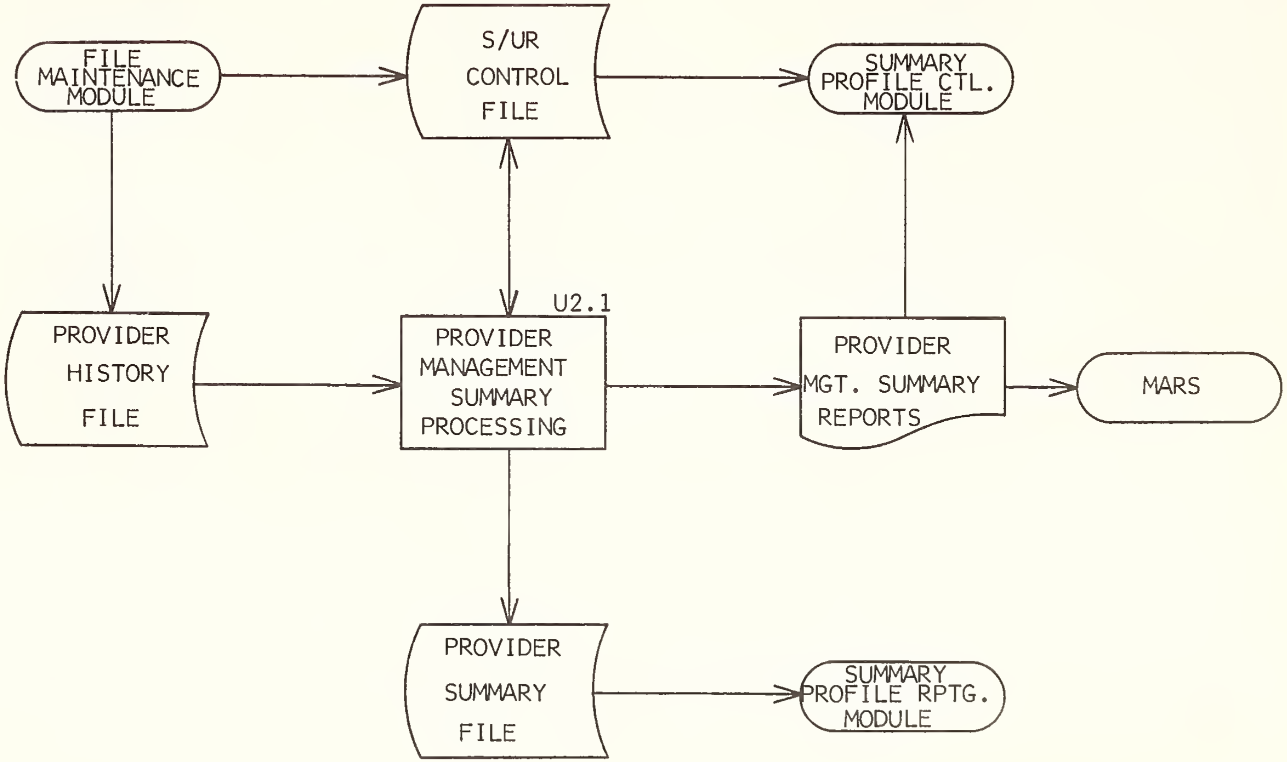
d. Recipient Summary File.

e. Treatment Summary File.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

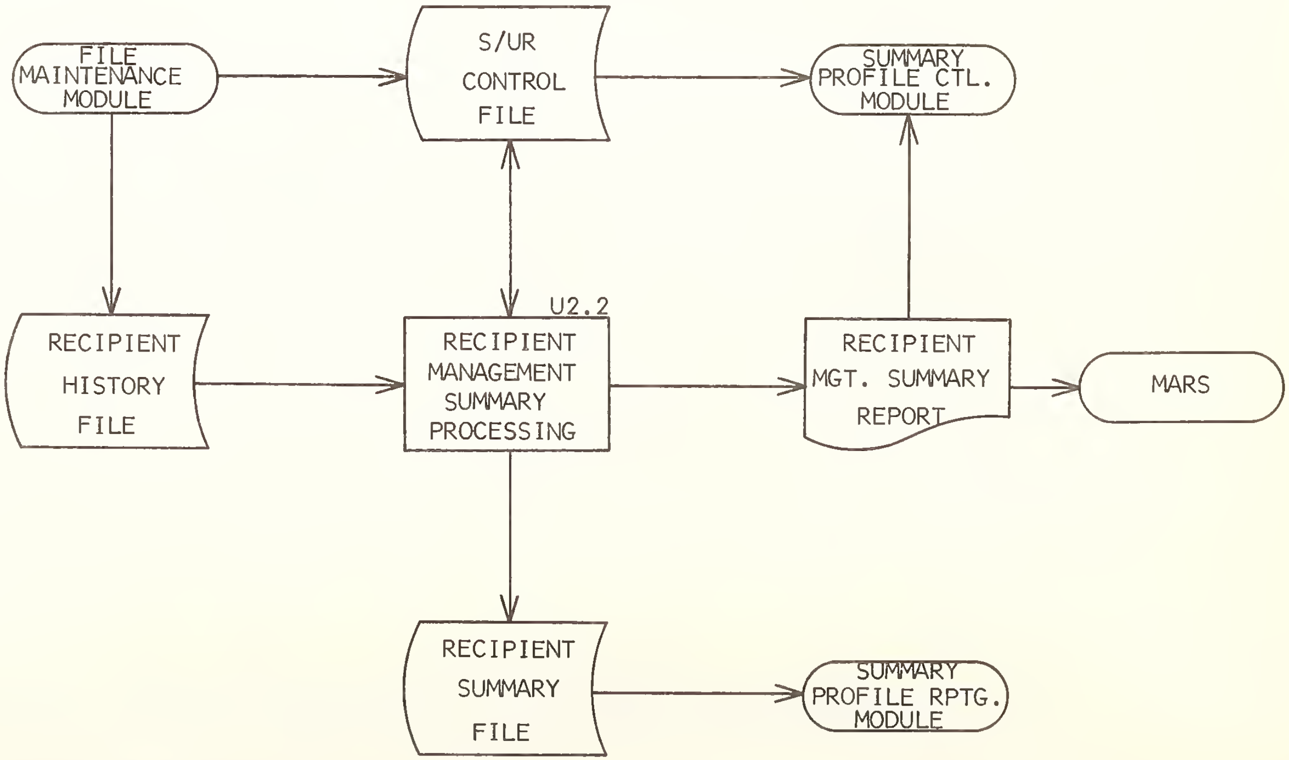
SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - MANAGEMENT SUMMARY MODULE


FILE MAINTENANCE MODULE
S/UR CONTROL FILE
SUMMARY PROFILE CTL. MODULE
PROVIDER HISTORY FILE
U2.1
PROVIDER MANAGEMENT SUMMARY PROCESSING
PROVIDER MGT. SUMMARY REPORTS
MARS
PROVIDER SUMMARY FILE
SUMMARY PROFILE RPTG. MODULE

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

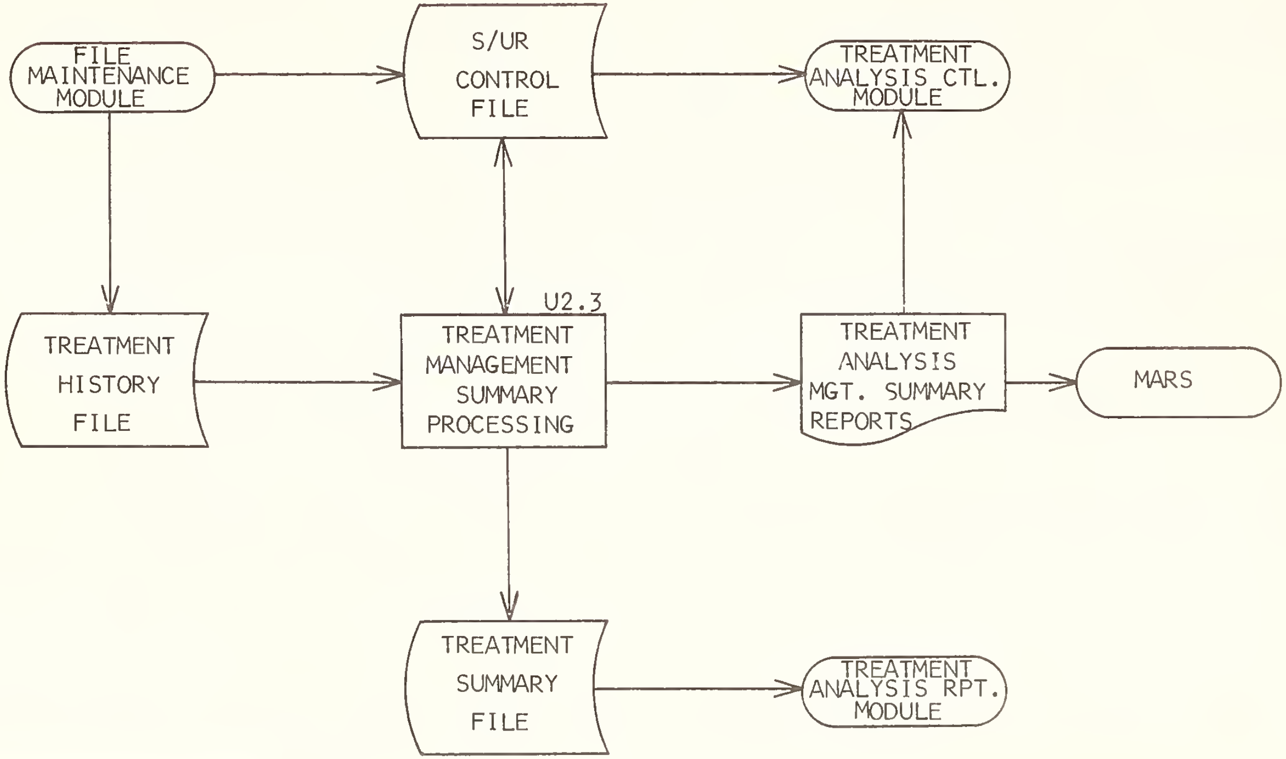
SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - MANAGEMENT SUMMARY MODULE


FILE MAINTENANCE MODULE
S/UR CONTROL FILE
SUMMARY PROFILE CTL. MODULE
RECIPIENT HISTORY FILE
U2.2
RECIPIENT MANAGEMENT SUMMARY PROCESSING
RECIPIENT MGT. SUMMARY REPORT
MARS
RECIPIENT SUMMARY FILE
SUMMARY PROFILE RPTG. MODULE

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - MANAGEMENT SUMMARY MODULE


FILE MAINTENANCE MODULE
S/UR CONTROL FILE
TREATMENT ANALYSIS CTL. MODULE
U2.3
TREATMENT HISTORY FILE
TREATMENT MANAGEMENT SUMMARY PROCESSING
TREATMENT ANALYSIS MGT. SUMMARY REPORTS
MARS
TREATMENT SUMMARY FILE
TREATMENT ANALYSIS RPT. MODULE

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GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Management Summary Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U2.1	Data Processing	Summarize data contained in the current Provider History File by Provider Class Grouping, as defined by the S/UR Control File, and for the entire Category of Service. Compute averages and standard deviations for each Report Item within each Summary Group. Tabulate a frequency distribution for each Report Item requested. Print the Management Summary Report-Provider Class Profiles. Generate Standard Exception Control Parameters for each Provider Class Grouping and update the S/UR Control File therewith. Generate one Basic Summary Profile record for each provider within each Category of Service and write to the Provider Summary File.
U2.2	Data Processing	Summarize data contained in the current Recipient History File by Recipient Class Grouping, as defined by the S/UR Control File, and for the entire active recipient population. Compute averages and standard deviations for each Report Item within each Summary Group. Tabulate a frequency distribution for each Report Item requested. Print the Management Summary Report - Recipient Class Profiles. Generate Standard Exception Control Parameters for each Recipient Class Grouping and update the S/UR Control File therewith. Generate one Basic Summary Profile record for each recipient and write to the Recipient Summary File.

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PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Management Summary Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U2.3	Data Processing	Summarize data contained in the current Treatment History File by Diagnosis Code within Provider Class Grouping, as defined by the S/UR Control File, and by Diagnosis Code for the entire Category of Service. Compute averages and standard deviations for each Report Item within each Summary Group. Tabulate a frequency distribution for each Report Item requested. Print the Management Summary Report - Treatment Analysis. Generate Standard Exception Control Parameters for each Diagnosis Code within each Provider Class Grouping and update the S/UR Control File therewith. Generate one Basic Treatment Summary Record for each Diagnosis Code by Provider within each Category of Service and write to the Treatment Summary File.

SUMMARY PROFILE CONTROL MODULE

Functions

The Summary Profile Control Module performs the following major functions:

a. Allows the user to modify or replace, for any or all Report Items, the Standard Exception Control Limits generated by the Management Summary Module.

b. Allows the user to override the default values of all other Exception Control Parameters relating to Report Item display frequency and exception processing.

Outputs

The Summary Profile Control Module produces the following major outputs:

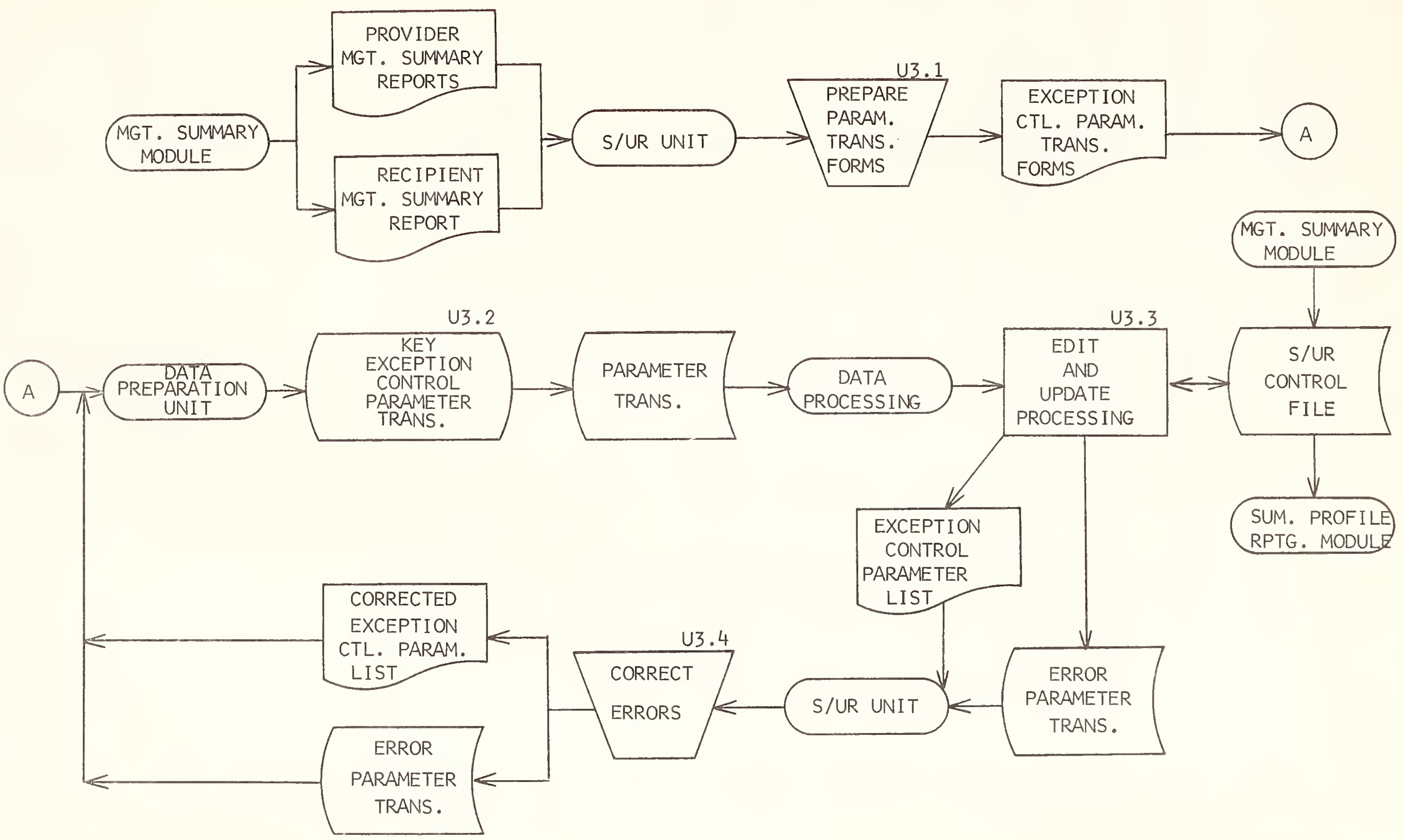
a. Updated Processing Control File.

b. Exception Control Parameter Listing, with errors flagged.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - SUMMARY PROFILE CONTROL MODULE


MGT. SUMMARY MODULE
PROVIDER MGT. SUMMARY REPORTS
RECIPIENT MGT. SUMMARY REPORT
S/UR UNIT
U3.1
PREPARE PARAM. TRANS. FORMS
EXCEPTION CTL. PARAM. TRANS. FORMS
A
MGT. SUMMARY MODULE
A
DATA PREPARATION UNIT
U3.2
KEY EXCEPTION CONTROL PARAMETER TRANS.
PARAMETER TRANS.
DATA PROCESSING
U3.3
EDIT AND UPDATE PROCESSING
S/UR CONTROL FILE
SUM. PROFILE RPTG. MODULE
EXCEPTION CONTROL PARAMETER LIST
ERROR PARAMETER TRANS.
S/UR UNIT
U3.4
CORRECT ERRORS
CORRECTED EXCEPTION CTL. PARAM. LIST
ERROR PARAMETER TRANS.

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PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Summary Profile Control Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U3.1	S/UR Unit	Review Management Summary Report - Provider Class Profiles and Management Summary Report - Recipient Class Profiles to determine necessary changes to Provider and Recipient Exception Control Parameters. Prepare Exception Control Parameter Transaction forms.
U3.2	Data Preparation Unit	Key coding forms from Step U3.1 into computer readable transactions.
U3.3	Data Processing	Edit transactions from Step U3.2 for accuracy, completeness, logical relationships and compatability with current S/UR Control File. Update S/UR Control File with all valid transactions. Return invalid transactions and error listing to S/UR Unit for correction.
U3.4	S/UR Unit	Correct invalid Exception Control Parameter Transactions and return to Step U3.2

PAGE 1 OF 1

SUMMARY PROFILE REPORTING MODULE

Functions

The Summary Profile Reporting Module performs the following major functions:

a. Applies Exception Control Parameters to each record contained in the Provider and Recipient Summary Files.

b. Prints the Provider and Recipient Summary Profile Reports, showing only those providers and recipients who fail exception processing tests.

c. Records on microfilm an entire set of Provider and Recipient Profile Reports, showing all Report Items for all providers and recipients.

d. Performs manual reviews of Provider and Recipient Profile Reports in order to determine if further investigation of a particular provider or recipient is required.

e. Initiates Claim Detail Reports and/or Treatment Analysis Reports as required to facilitate investigation.

Outputs

The Summary Profile Reporting Module produces the following major outputs:

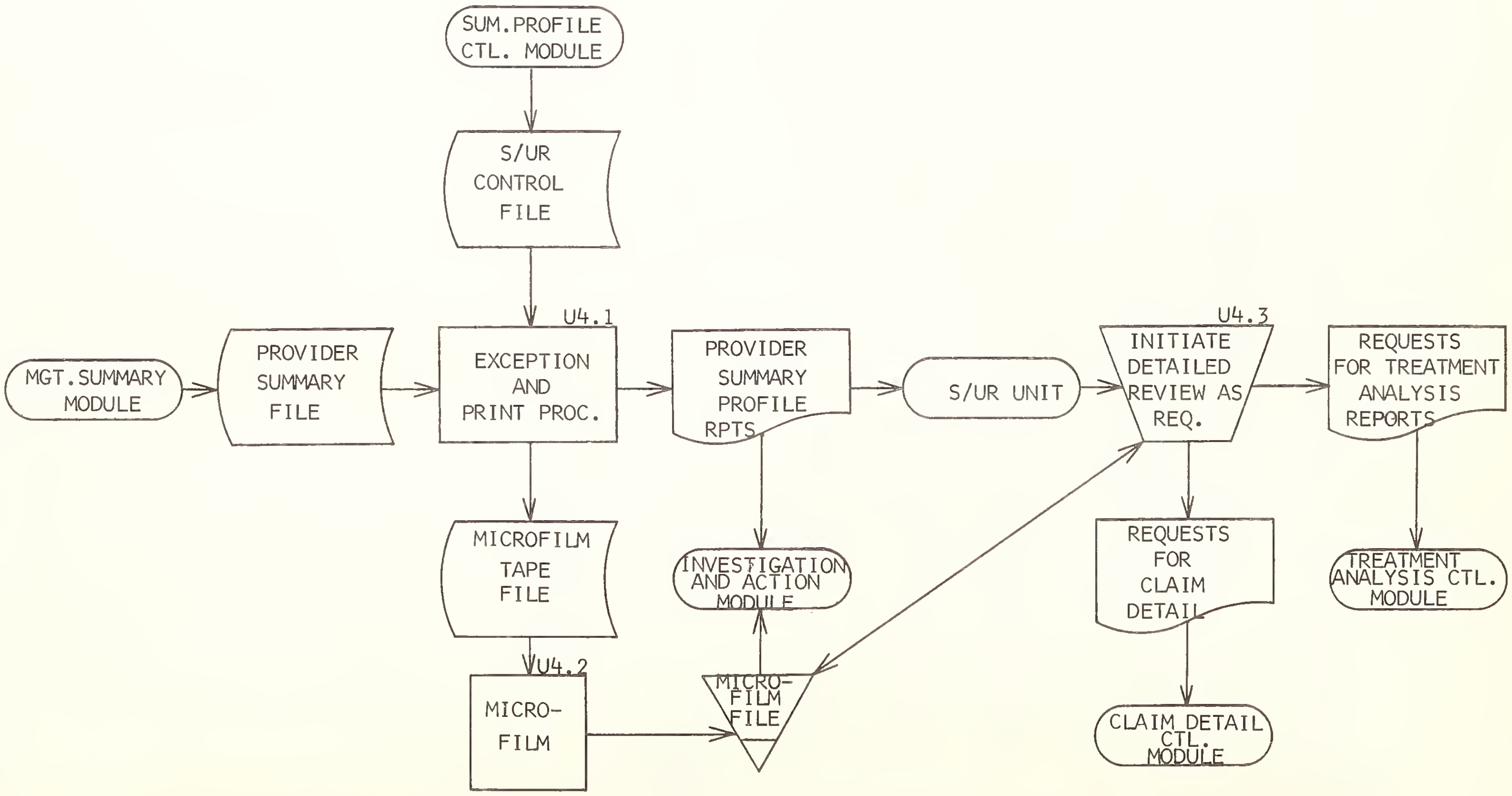
a. Summary Profile Reports.

b. Microfilm Tape File.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - SUMMARY PROFILE REPORTING MODULE

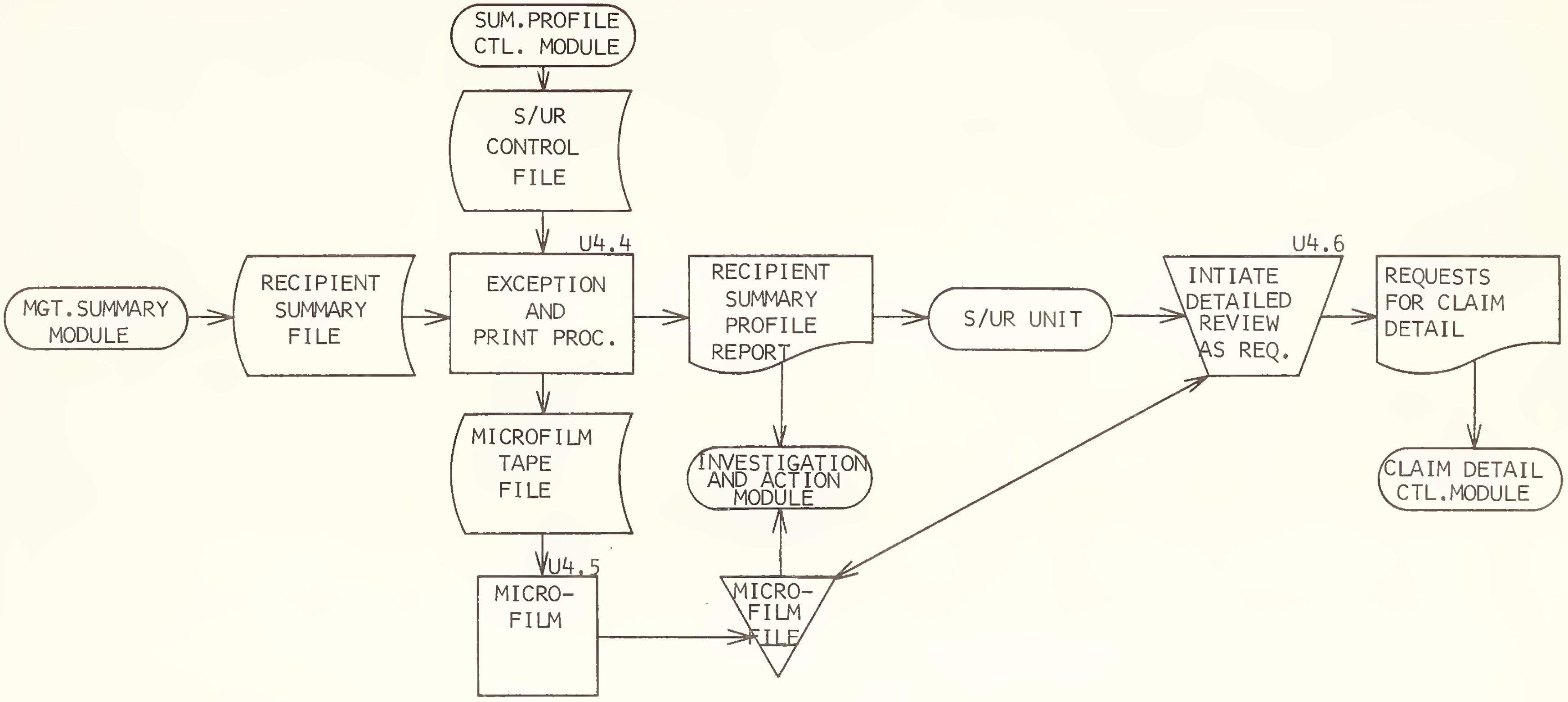

SUM.PROFILE CTL. MODULE
S/UR CONTROL FILE
MGT.SUMMARY MODULE
PROVIDER SUMMARY FILE
U4.1
EXCEPTION AND PRINT PROC.
PROVIDER SUMMARY PROFILE RPTS
S/UR UNIT
U4.3
INITIATE DETAILED REVIEW AS REQ.
REQUESTS FOR TREATMENT ANALYSIS REPORTS
TREATMENT ANALYSIS CTL. MODULE
MICROFILM TAPE FILE
INVESTIGATION AND ACTION MODULE
REQUESTS FOR CLAIM DETAIL
U4.2
MICRO-FILM
MICRO-FILM FILE
CLAIM DETAIL CTL. MODULE

PAGE 1 OF 2

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - SUMMARY PROFILE REPORTING MODULE



MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Summary Profile Reporting Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U4.1	Data Processing	Apply Exception Control Parameters from the S/UR Control File to each Basic Summary Profile Record on the Provider Summary File according to Class Grouping. Print the Provider Summary Profile Reports, showing all excepted providers. Produce a tape file containing Summary Profiles of all providers, for reduction to microfilm.
U4.2	Data Processing	Create a microfilm record of the Summary Profiles of all providers.
U4.3	S/UR Unit	Examine the Summary Profile of each excepted provider to determine need for additional detail. Issue requests for Claim Detail Reports and/or Treatment Analysis Reports as required.
U4.4	Data Processing	Apply Exception Control Parameters from the S/UR Control File to each Basic Summary Profile Record on the Recipient Summary File according to Class Grouping. Print the Recipient Summary Profile Report, showing all excepted recipients. Produce a tape file containing Summary Profiles of all recipients for reduction to microfilm.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Summary Profile Reporting Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U4.5	Data Processing	Create a microfilm record of the Summary Profiles of all recipients.
U4.6	S/UR Unit	Examine the Summary Profile of each excepted recipient to determine need for additional detail. Issue requests for Claim Detail Reports on recipients requiring further investigation.

TREATMENT ANALYSIS CONTROL MODULE

Functions

The Treatment Analysis Control Module performs the following major functions:

a. Allows the user to modify or replace, for any or all Report Items, the Standard Exception Control Limits generated by the Management Summary Module.

b. Allows the user to override the default values of all other Exception Control Parameters relating to Report Item display frequency and exception processing.

Outputs

The Treatment Analysis Control Module produces the following major outputs:

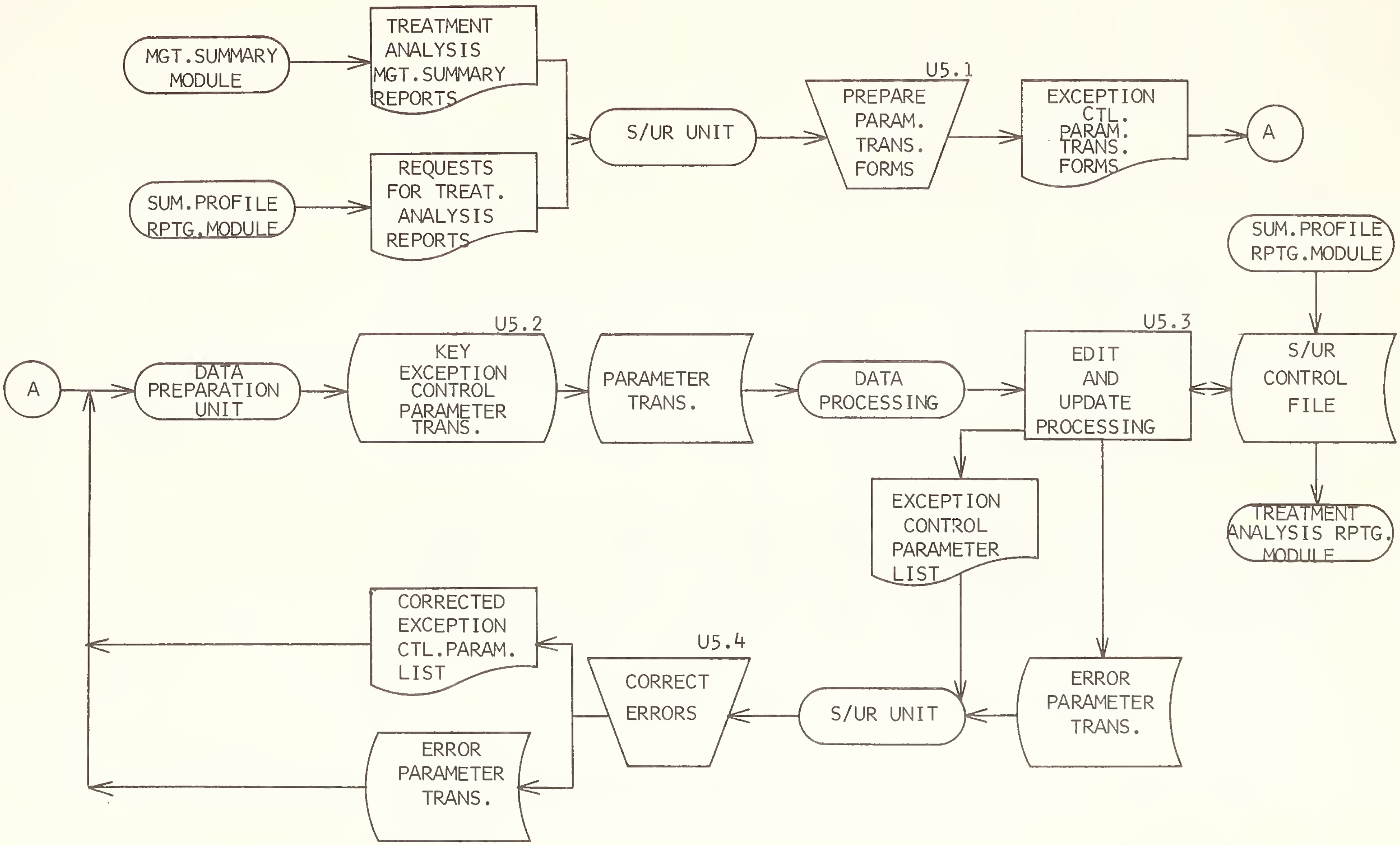
a. S/UR Control File.

b. Exception Control Parameter Listing, with errors flagged.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - TREATMENT ANALYSIS CONTROL MODULE


MGT.SUMMARY MODULE
TREATMENT ANALYSIS MGT.SUMMARY REPORTS
SUM.PROFILE RPTG.MODULE
REQUESTS FOR TREAT. ANALYSIS REPORTS
S/UR UNIT
U5.1
PREPARE PARAM. TRANS. FORMS
EXCEPTION CTL. PARAM. TRANS. FORMS
A
SUM.PROFILE RPTG.MODULE
A
DATA PREPARATION UNIT
U5.2
KEY EXCEPTION CONTROL PARAMETER TRANS.
PARAMETER TRANS.
DATA PROCESSING
U5.3
EDIT AND UPDATE PROCESSING
S/UR CONTROL FILE
TREATMENT ANALYSIS RPTG. MODULE
EXCEPTION CONTROL PARAMETER LIST
CORRECTED EXCEPTION CTL.PARAM. LIST
U5.4
CORRECT ERRORS
S/UR UNIT
ERROR PARAMETER TRANS.
ERROR PARAMETER TRANS.

PAGE 1 OF 1

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Treatment Analysis Control Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U5.1	S/UR Unit	Review Management Summary Report - Treatment Analysis to determine necessary changes to Treatment Analysis Exception Control Parameters. Prepare Exception Control Parameter Transactions Forms including providers specifically requested by name.
U5.2	Data Preparation Unit	Key forms from Step U5.1 into computer readable transactions.
U5.3	Data Processing	Edit transactions from Step U5.2 for accuracy, completeness, logical relationships and compatability with current S/UR Control File. Update S/UR Control File with all valid transactions. Return invalid transactions and error listing to S/UR Unit for correction.
U5.4	S/UR Unit	Correct invalid Exception Control Parameter Transactions and return to Step U5.2.

TREATMENT ANALYSIS REPORTING MODULE

Functions

The Treatment Analysis Reporting Module performs the following major functions:

a. Applies Exception Control Parameters to each record contained in the Treatment Summary File.

b. Prints the Treatment Analysis Reports, showing only those providers who fail exception processing tests.

c. Records on microfilm an entire set of Treatment Profile Reports, showing all Diagnosis Code entries for all providers.

d. Performs manual reviews of Treatment Analysis Reports in order to determine if further investigation of a particular provider is required.

e. Initiates Claim Detail Reports as required to facilitate investigation.

Outputs

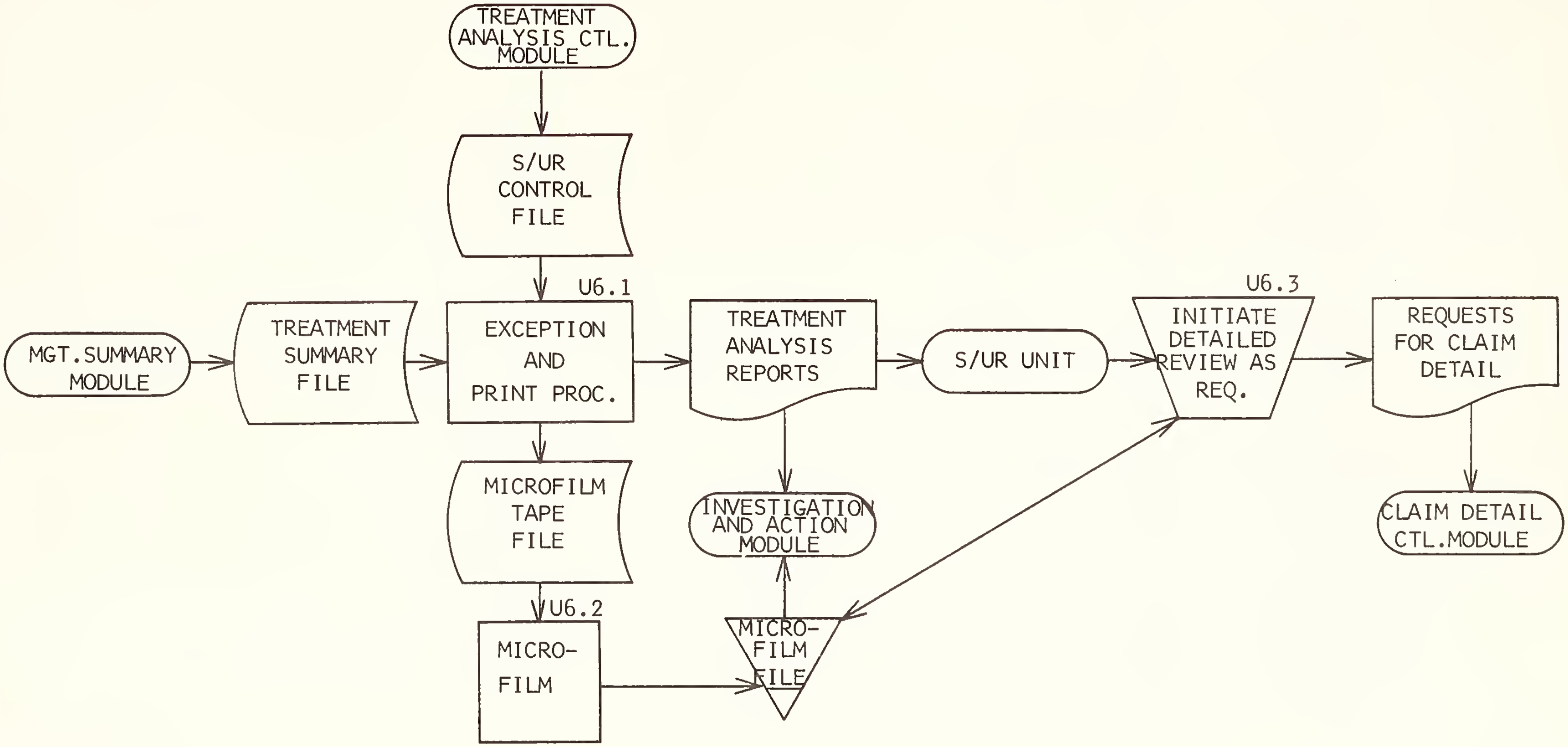
The Treatment Analysis Reporting Module produces the following major outputs:

a. Treatment Analysis Reports.

b. Microfilm Tape File.

STER DEFINITION

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	PROCESSING FLOWCHART
SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - TREATMENT ANALYSIS REPORTING MODULE	


TREATMENT ANALYSIS CTL. MODULE
S/UR CONTROL FILE
U6.1
MGT. SUMMARY MODULE
TREATMENT SUMMARY FILE
EXCEPTION AND PRINT PROC.
TREATMENT ANALYSIS REPORTS
S/UR UNIT
U6.3
INITIATE DETAILED REVIEW AS REQ.
REQUESTS FOR CLAIM DETAIL
MICROFILM TAPE FILE
INVESTIGATION AND ACTION MODULE
CLAIM DETAIL CTL. MODULE
U6.2
MICRO-FILM
MICRO-FILM FILE

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Treatment Analysis Reporting Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U6.1	Data Processing	Apply Exception Control Parameters from the S/UR Control File to each Basic Treatment Summary Record on the Treatment Summary File according to Diagnosis Code within Class Grouping. Print the Treatment Analysis Reports, showing all excepted providers. Produce a tape file containing Treatment Analysis Reports of all providers on the Treatment Summary File, for reduction to microfilm.
U6.2	Data Processing	Create a microfilm record of the contents of the Treatment Analysis Report tape produced in Step U6.1.
U6.3	S/UR Unit	Examine the Treatment Analysis Report of each excepted provider to determine need for additional detail. Review Summary Profile Reports as required. Issue requests for Claim Detail Reports as required.

PAGE 1 OF 1

CLAIM DETAIL CONTROL MODULE

Functions

The Claim Detail Control Module allows the user to specify Selection Control Parameters which determine which types of claims for which providers and recipients will appear on the Claim Detail Report.

Outputs

The Claim Detail Control Module produces the following major outputs:

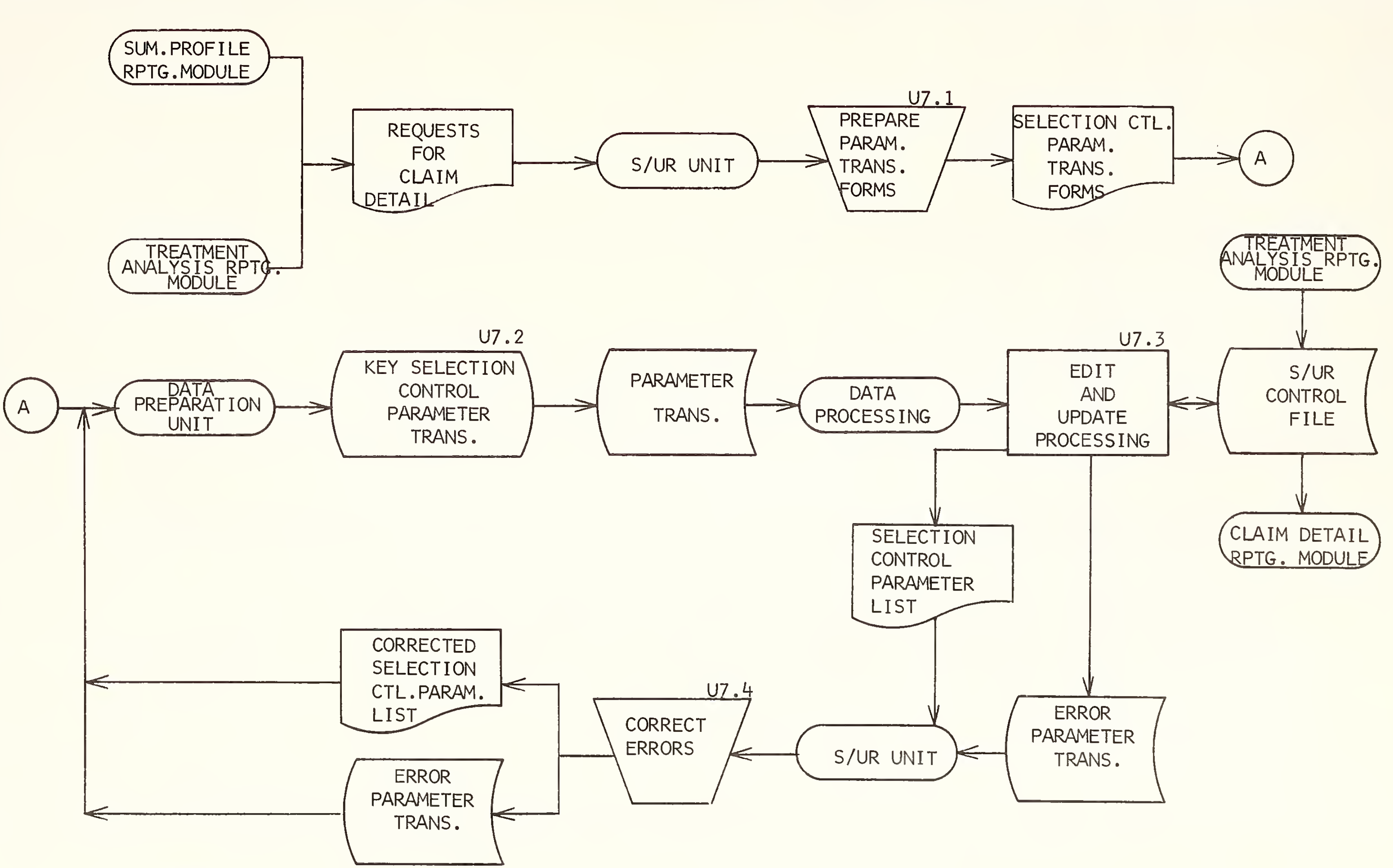
a. S/UR Control File.

b. Selection Control Parameter Listing, with errors flagged.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - CLAIM DETAIL CONTROL MODULE


SUM.PROFILE RPTG.MODULE
TREATMENT ANALYSIS RPTG. MODULE
REQUESTS FOR CLAIM DETAIL
S/UR UNIT
U7.1
PREPARE PARAM. TRANS. FORMS
SELECTION CTL. PARAM. TRANS. FORMS
A
A
DATA PREPARATION UNIT
U7.2
KEY SELECTION CONTROL PARAMETER TRANS.
PARAMETER TRANS.
DATA PROCESSING
U7.3
EDIT AND UPDATE PROCESSING
TREATMENT ANALYSIS RPTG. MODULE
S/UR CONTROL FILE
CLAIM DETAIL RPTG. MODULE
SELECTION CONTROL PARAMETER LIST
ERROR PARAMETER TRANS.
S/UR UNIT
U7.4
CORRECT ERRORS
CORRECTED SELECTION CTL.PARAM. LIST
ERROR PARAMETER TRANS.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Claim Detail Control Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U7.1	S/UR Unit	Prepare Selection Control Parameter Transaction Forms in response to Claim Detail Requests from the Summary Profile Reporting Module and the Treatment Analysis Reporting Module.
U7.2	Data Preparation Unit	Key forms from Step U7.1 into computer readable transactions.
U7.3	Data Processing	Edit transactions from Step U7.2 for accuracy, completeness and compatability with current S/UR Control File. Update S/UR Control File with all valid transactions. Return invalid transactions and error listing to S/UR Unit for correction.
U7.4	S/UR Unit	Correct invalid Selection Control Parameter transactions and return to Step U7.2.

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CLAIM DETAIL REPORTING MODULE

Functions

The Claim Detail Reporting Module performs the following major functions:

a. Selects from the Claims History File, those claims specified by the Selection Control Parameters, and prints them in the Claim Detail Report.

b. Records on microfilm, in print format, all claims on the Claims History File, organized by both provider and recipient identifications.

Outputs

The Claim Detail Reporting Module produces the following major outputs:

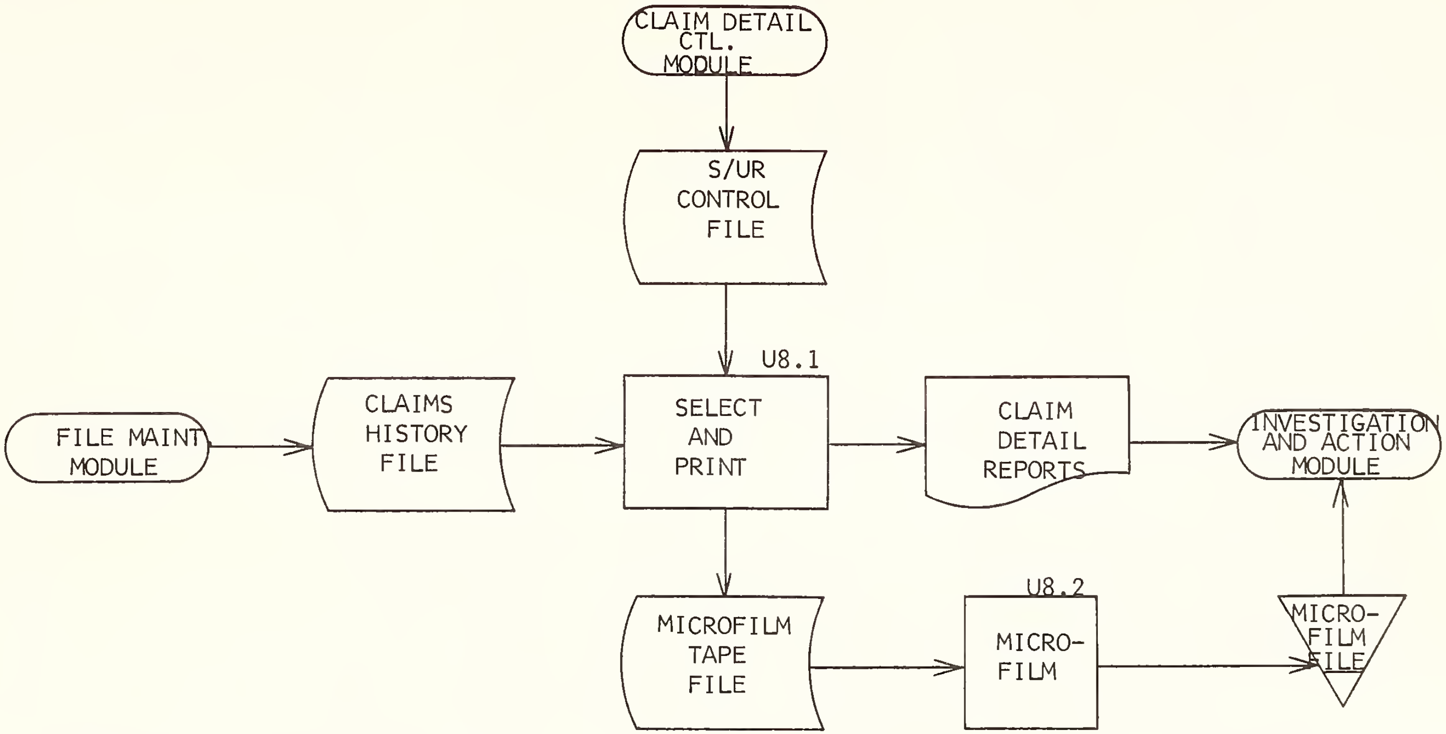
a. Claim Detail Reports.

b. Microfilm Tape File.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - CLAIM DETAIL REPORTING MODULE



MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Claim Detail Reporting Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U8.1	Data Processing	Apply Selection Control Parameters from the S/UR Control File. to each claim record on the Claims History File. Print the Claim Detail Reports, showing all selected claims by provider and/or recipient. Annually, produce a tape file containing one record for each claim on the Claims History File.
U8.2	Data Processing	Create a microfilm record of the contents of the Claim Detail Report Tape produced in Step U8.1.

SPECIAL REPORT WRITER MODULE

Functions

The Special Report Writer Module performs the following major functions:

a. Allows the user to satisfy any special information requirements which may be derived from data contained in the Claims History File and is not covered by standard reports.

b. Allows the user to specify by use of Special Report Writer Control Parameters, which claims to select, how to sequence those claims, what data from selected claims is to be summarized, what data (summary or detail) is to be printed, and the format in which the report is to be printed.

c. Allows the user to develop Pseudo Report Items by specified arithmetic computations on data contained in selected claims and/or on data summarized from selected claims.

Outputs

The Special Report Writer Module produces the following major outputs:

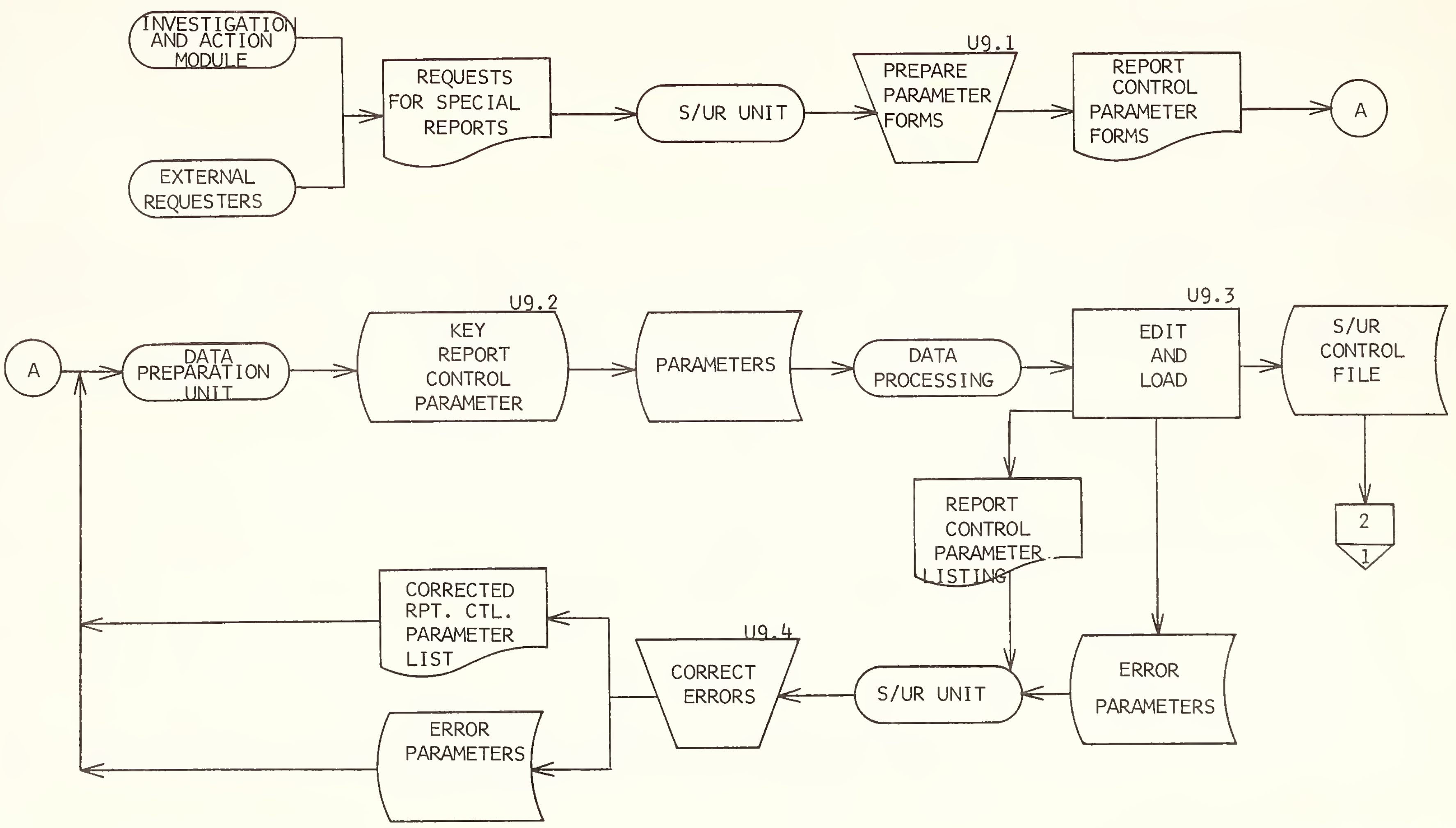
a. Requested Special Reports.

b. Report Control Parameter Listing, with errors flagged.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - SPECIAL REPORT WRITER MODULE



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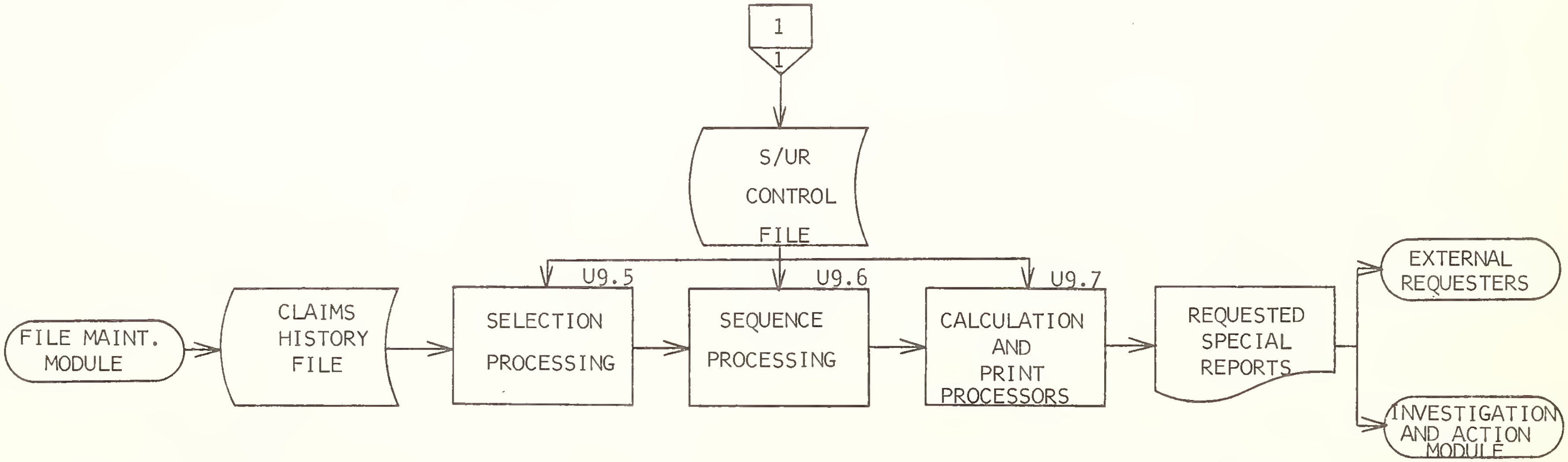
MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - SPECIAL REPORT WRITER MODULE



MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION		PROCESS STEP DEFINITION
SUBSYSTEM	Surveillance and Utilization Review Subsystem - Special Report Writer Module	
PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U9.1	S/UR Unit	Prepare Report Control Parameter Forms in response to requests for special reports from the Investigation and Action Module and from all authorized external requesters.
U9.2	Data Preparation Unit	Key forms from Step U9.2 into computer readable transactions.
U9.3	Data Processing	Edit transactions from Step U9.2 for accuracy, completeness and logical relationships. Load valid transaction to the S/UR Control File. Return invalid transactions and error listing to S/UR Unit for correction.
U9.4	S/UR Unit	Correct invalid Report Control Parameter Transactions and return to Step U9.2.
U9.5	Data Processing	Select Claim Records from the Claims History File necessary to provide data for Requested Special Reports.
U9.6	Data Processing	Order selected records into specified sequence.
U9.7	Data Processing	Summarize, calculate pseudo fields, format and print Requested Special Reports as specified by Report Control Parameters.

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INVESTIGATION AND ACTION MODULE

Functions

The Investigation and Action Module performs the following functions:

a. Performs a manual review of all reports generated by the Surveillance and Utilization Review Subsystem in order to identify suspected provider and recipient misutilizers.

b. Conducts field audits or requests peer review on all suspected misutilizers.

c. Determines actual misutilizers.

d. Initiates appropriate corrective action against actual misutilizers.

Outputs

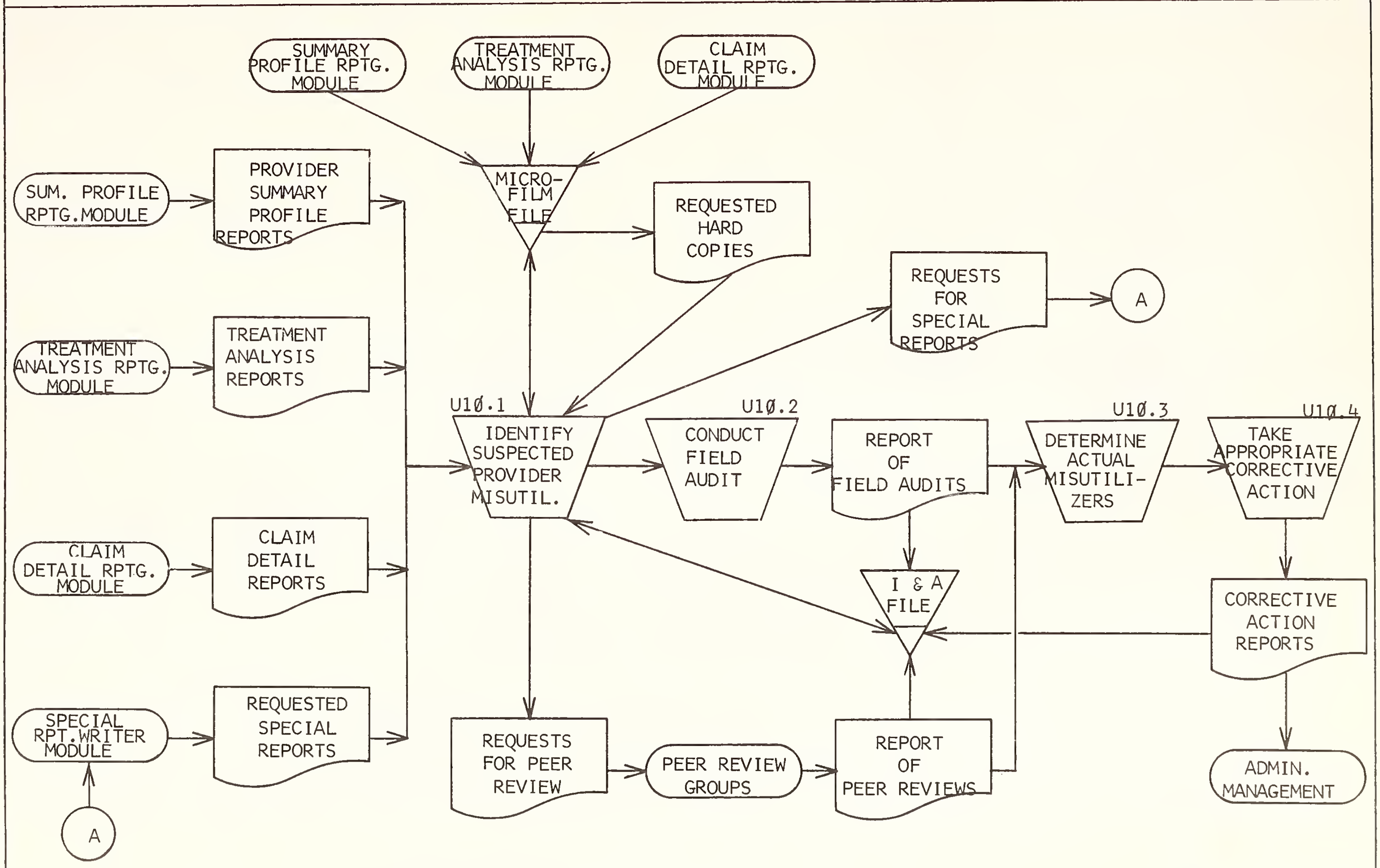
The Investigation and Action Module produces the following major output:

Corrective Action Reports.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - INVESTIGATION AND ACTION MODULE (PROVIDER)

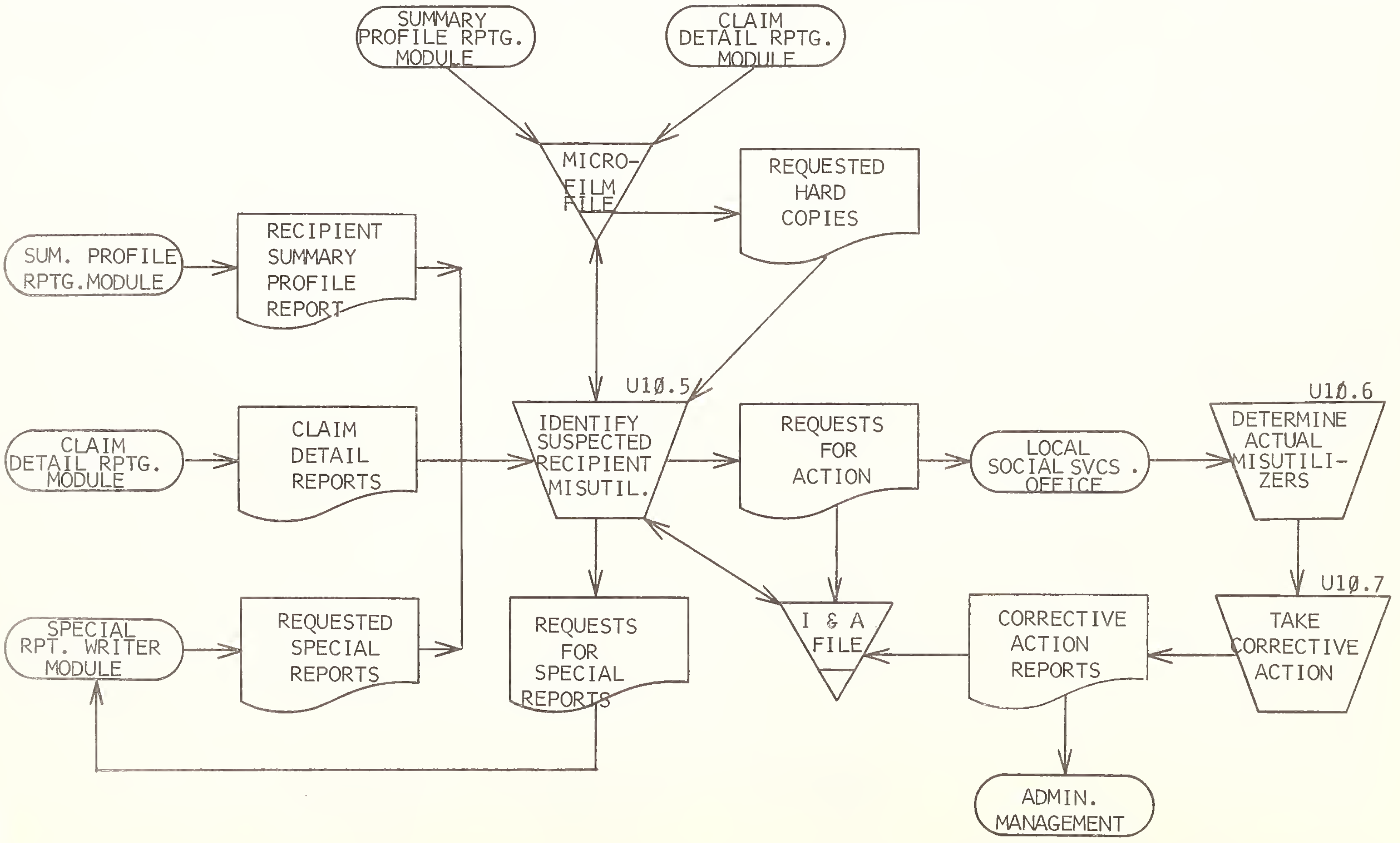

SUMMARY PROFILE RPTG. MODULE
TREATMENT ANALYSIS RPTG. MODULE
CLAIM DETAIL RPTG. MODULE
MICRO-FILM FILE
REQUESTED HARD COPIES
REQUESTS FOR SPECIAL REPORTS
A
SUM. PROFILE RPTG. MODULE
PROVIDER SUMMARY PROFILE REPORTS
TREATMENT ANALYSIS RPTG. MODULE
TREATMENT ANALYSIS REPORTS
CLAIM DETAIL RPTG. MODULE
CLAIM DETAIL REPORTS
SPECIAL RPT. WRITER MODULE
REQUESTED SPECIAL REPORTS
A
U10.1
IDENTIFY SUSPECTED PROVIDER MISUTIL.
U10.2
CONDUCT FIELD AUDIT
REPORT OF FIELD AUDITS
U10.3
DETERMINE ACTUAL MISUTILI-ZERS
U10.4
TAKE APPROPRIATE CORRECTIVE ACTION
I & A FILE
CORRECTIVE ACTION REPORTS
REQUESTS FOR PEER REVIEW
PEER REVIEW GROUPS
REPORT OF PEER REVIEWS
ADMIN. MANAGEMENT

PAGE 1 OF 2

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESSING FLOWCHART

SUBSYSTEM SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM - INVESTIGATION AND ACTION MODULE (RECIPIENT)


SUMMARY PROFILE RPTG. MODULE
CLAIM DETAIL RPTG. MODULE
MICRO-FILM FILE
REQUESTED HARD COPIES
SUM. PROFILE RPTG.MODULE
RECIPIENT SUMMARY PROFILE REPORT
U10.5
IDENTIFY SUSPECTED RECIPIENT MISUTIL.
REQUESTS FOR ACTION
LOCAL SOCIAL SVCS. OFFICE
U10.6
DETERMINE ACTUAL MISUTILI-ZERS
CLAIM DETAIL RPTG. MODULE
CLAIM DETAIL REPORTS
U10.7
SPECIAL RPT. WRITER MODULE
REQUESTED SPECIAL REPORTS
REQUESTS FOR SPECIAL REPORTS
I & A FILE
CORRECTIVE ACTION REPORTS
TAKE CORRECTIVE ACTION
ADMIN. MANAGEMENT

PAGE 2 OF 2

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Investigation and Action Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U10.1	S/UR Unit	Identify suspected provider misutilizers, including over and under utilization, by analysis of current Provider Summary Profile Reports, Treatment Analysis Reports, Claim Detail Reports, and Requested Special Reports. Refer to prior years' reports by access to Microfilm Retrieval File as necessary. Refer to past investigations and actions as required. Issue requests for Special Reports as required. Issue requests for peer review, accompanied by supporting report data. as required. Initiate field audits as necessary.
U10.2	S/UR Unit	Conduct field audits of the records and practices of suspected provider misutilizers. File reports of field audits in Investigation and Action (I&A) File.
U10.3	S/UR Unit	Determine cases of actual provider misutilization.
U10.4	S/UR Unit	Take appropriate action to correct actual misutilization on the part of individual providers. File Corrective Action Reports.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

PROCESS STEP DEFINITION

SUBSYSTEM Surveillance and Utilization Review Subsystem - Investigation and Action Module

PROCESS STEP NO.	RESPONSIBILITY	ACTIVITY
U10.5	S/UR Unit	Identify suspected recipient misutilizers by analysis of current Recipient Summary Profile Report, Claim Detail Reports, and Requested Special Reports. Refer to prior years' reports, as necessary, by access to Microfilm Retrieval File. Refer to past investigations and actions as necessary. Issue requests for special reports as required. Refer cases of suspected recipient misutilization to local Social Services Office. Provide medical advice to local Social Services Office as requested.
U10.6	Local Social Services Office	Investigate cases of suspected recipient misutilization. Determine cases of actual recipient misutilization after medical consultation.
U10.7	Local Social Services Office	Take appropriate action to currect actual misutilization on the part of individual recipients. Forward a Corrective Action Reports to S/UR Unit for filing in the Investigation and Action File.

D. SUBSYSTEM OUTPUTS

The Surveillance and Utilization Review Subsystem produces the various outputs listed below. Each major group of output reports is introduced by a summary page which specifies the common purpose and characteristics of individual reports contained in that group. The purpose, distribution, and sequence of each individual output is presented on an Output Definition Sheet. The content and organization of each individual output is described by use of Report Item Description Sheets, where applicable. Whenever practical, the general format of individual outputs is illustrated by means of a sample report. The data displayed on sample reports is entirely fictitious with little regard given to reasonableness or crossfooting of the numbers. The purpose of the sample data is solely one of assistance to the reader in more readily gaining an understanding of the report.

Output Number	Output Name	Page Number
	Management Summary Reports:	VI-69
SU-0-01	Recipient Class Profiles	VI-71
SU-0-02	Physician Services Class Profiles	VI-79
SU-0-03	Inpatient Hospital Services Class Profiles	VI-95
SU-0-04	Outpatient Hospital Services Class Profiles	VI-101
SU-0-05	Long Term Care Facility Services Class Profiles	VI-107
SU-0-06	Dental Services Class Profiles	VI-113
SU-0-07	Prescribed Drugs Class Profiles	VI-119
SU-0-08	Other Provider Class Profiles	VI-125
SU-0-09	Physician Treatment Analysis Class Profiles	VI-129
SU-0-10	Inpatient Hospital Treatment Analysis Class Profiles	VI-135

Output Number	Output Name	Page Number
	Summary Profile Reports:	VI-141
SU-0-11	Recipient	VI-143
SU-0-12	Physician Services	VI-155
SU-0-13	Inpatient Hospital Services	VI-175
SU-0-14	Outpatient Hospital Services	VI-185
SU-0-15	Long Term Care Facility Services	VI-193
SU-0-16	Dental Services	VI-203
SU-0-17	Prescribed Drugs	VI-211
SU-0-18	Other Providers	VI-221
	Treatment Analysis Reports:	VI-229
SU-0-19	Physician Services	VI-230
SU-0-20	Inpatient Hospital Services	VI-237
SU-0-21	Claim Detail Report	VI-246
SU-0-22	Requested Special Reports	VI-255
SU-0-23	Corrective Action Report	VI-257

MANAGEMENT SUMMARY REPORTS

Purpose

The Management Summary Reports correspond on a one for one basis to the Summary Profile Reports and the Treatment Analysis Reports. Whereas, the latter reports present data for individual Medicaid participants, the former present equivalent data for participant Class Groups and for Categories of Service. Management Summary Reports are intended to serve the following primary purposes:

a. Verify the statistical validity of each Class Group by use of standard deviations and frequency distributions.

b. Aid the Surveillance and Utilization Review Unit in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.

c. Provide management and administrative personnel with a detailed breakout of the overall utilization patterns of the various Medicaid services.

Characteristics

a. Reports corresponding to Provider Summary Profile Reports are produced monthly, reports corresponding to Treatment Analysis Reports and to Recipient Summary Profile Reports are produced quarterly.

b. Each report produced consists of three standard sections and one optional section for each Class Group.

c. The three standard sections present totals, averages, and standard deviations, for all Report Items defined for the Class Group or Category of Service concerned.

d. The optional section presents frequency distributions on all Report Items requested by the user. The class interval for each frequency distribution is also user specified.

e. The format of the Management Summary Reports is identical to that illustrated for the Summary Profile Reports.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Management Summary Report-Recipient Class Profiles	OUTPUT NO. SU-0-01
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Management Summary Module Process Step U2.2	FREQUENCY Quarterly MEDIA Paper

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2. Management and Administrative Reporting Subsystem
3.
4.
5.

SEQUENCE

1.	Class Group	4.	
2.	Section Number	5.	
3.		6.	

PURPOSE OF OUTPUT

1. To verify the statistical validity of each Recipient Class Group by use of frequency distributions and standard deviations.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of recipients.

REMARKS

One Class Profile, consisting of four sections, will be produced for each recipient Class Group previously defined by the user. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION
SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - RECIPIENT CLASS PROFILE	SU-O-01

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Class Group	Class Group Code (Data Element 702)	X	
BB	Totals Section Each of the Report Items in this section is reported for the following time periods: Average Month of the past twelve months, and each of the last five quarters, all on a Date of Service basis.		X	
01	No. of Recipients	Number of active recipients in this group	X	
02	Dollars Paid-Medicaid	Total dollars paid for services to recipients in this group rendered under Title XIX	X	
03	Dollars Paid-Medicare	Total dollars paid for services to recipients in this group rendered under Title XVIII (Coinsurance and Deductible)	X	
04	Total Dollars Paid	Item BB.01 + Item BB.02	X	
05	Dollars Paid by Recipients	Total dollars paid by recipients for deductibles and copayments.	X	

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MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - RECIPIENT CLASS PROFILE SU-O-01

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
	All of the following Report Items refer to services paid for entirely by Title XIX.			
06	No. Different Diagnoses	An unduplicated count of each separate primary diagnosis code reported for recipients in this group	X	
07	No. Different Physicians	An unduplicated count of individual physicians, physician groups, or physician clinics seen by recipients in this group		X
08	No. Medical Visits	Total number of all Medical Visits to physicians by recipients in this group	X	
09	No. of Initial Visits	Total number of initial Medical Visits to physicians by recipients in this group	X	
10	Pmts. for Medical Visits	Total dollars paid for Medical Visits to physicians by recipients in this group	X	
11	No. of Injections	Total number of Injections received by recipients in this group	X	
12	Pmts. for Injections	Total dollars paid for Injections received by recipients in this group		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - RECIPIENT CLASS PROFILE SU-O-01

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
13	No. Surgical Procedures	Total number of Surgical Procedures received by recipients in this group	X	
14	Pmts. for Surgery	Total dollars paid for Surgical Procedures received by recipients in this group		X
15	No. Diag. Lab. Procedures	Total number of Diagnostic Laboratory Procedures received by recipients in this group	X	
16	Pmts. for Diag. Lab.	Total dollars paid for Diagnostic Laboratory Procedures received by recipients in this group		X
17	No. Diag. Rad. Procedures	Total number of Diagnostic Radiology Procedures received by recipients in this group	X	
18	Pmts. for Diag. Rad.	Total dollars paid for Diagnostic Radiology Procedures received by recipients in this group		X
19	No. Hospital Discharges	Total number of times recipients in this group were discharged from inpatient hospitals	X	
20	No Days in Hospitals	Total number of days recipients in this group spent in inpatient hospitals	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - RECIPIENT CLASS PROFILES SU-0-01

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
21	No. Medical Visits-In Hosp.	Number of physician Medical Visits to recipients in this group while in inpatient hospitals	X	
22	Pmts. for In Hosp. Svcs.	Total dollars paid for inpatient hospital care for recipients in this group		X
23	No. of Outpatient Svcs.	Total number of services received by recipients in this group from outpatient hospitals	X	
24	No. of Different Out Hosp.	An upduplicated count of individual outpatient hospitals visited by recipients in this group		X
25	Pmts. for Out Hosp. Svcs.	Total dollars paid for outpatient hospital services received by recipients in this group		X
26	No. LTCF Discharges	Total number of times recipients in this group were discharged from long term care facilities	X	
27	No. Days in LTCF	Total number of days recipients in this group spent in long term care facilities	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - RECIPIENT CLASS PROFILES

SU-0-01

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
28	No. Medical Visits-LTCF	Number of physician Medical Visits to recipients in this group while in long term care facilities	X	
29	Pmts. for LTCF Care	Total dollars paid for long term care facility care for recipients in this group		X
30	No. of Drug Rx	Total number of drug prescriptions filled for recipients in this group	X	
31	No. Refill Rx	Total number of refill drug prescriptions filled for recipients in this group	X	
32	No. of Narcotic Drug Rx	Total number of narcotic drug prescriptions filled for recipients in this group	X	
33	No. of Different Drugs	An upduplicated count of individual drugs received by recipients in this group		X
34	Pmts. for Drugs	Total dollars paid for durg prescriptions filled for recipients in this group		X

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - RECIPIENT CLASS PROFILES SU-0-01

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
35	No. of Other Services	Total number of services received by recipients in this group not covered by Report Items listed above		X
36	Pmts. for Other Services	Total dollars paid for services received by recipients in this group not covered by Report Items listed above		X
CC	Averages Section Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Recipient. The values of each Report Item, however, are for an average recipient in this Class Group rather than for a specific recipient.		X	
DD	Standard Deviations Section Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change Value covering the last fifteen months is also reported for each Report Item.		X	

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
		The Report Item content of this section is identical to that of the Summary Profile Report-Recipient. The values of each Report Item, however, represent the standard deviation from the average of the corresponding values of all individual recipients in this Class Group.		
EE	Frequency Distributions Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Summary Profile Report - Recipient may be selected. The report will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual recipients in this Class Group fell into each value range.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Management Summary Report-Physician Services Class Profiles

OUTPUT NO. SU-O-02

SUBSYSTEM NAME Surveillance and Utilization Review

DATE 8/1/71

SOURCE OF OUTPUT DATA
Management Summary Module
Process Step U2.1

FREQUENCY Monthly

MEDIA Paper

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2. Management and Administrative Reporting Subsystem
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	
2.	Class Group	5.	
3.	Section Number	6.	

PURPOSE OF OUTPUT

1. To verify the statistical validity of each Physician Class Group by use of standard deviations and frequency distributions.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of Physician Services.

REMARKS
One Class Profile, consisting of four sections, will be produced for each Recipient Class Group previously defined by the user. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
BB	Totals sections	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.	X	
01	No. of Providers	Number of active providers in this group	X	
02	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by providers in this group under Title XIX	X	
03	Dollars Paid-Medicaid	Total dollars paid to providers in this group for services rendered under Title XIX	X	
04	Dollars Paid-Medicare	Total dollars paid to providers in this group by Title XIX for Title XVIII Coinsurance and Deductible	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	Total Dollars Paid Direct	Total dollars paid to providers in this group by Title XIX	X	
06	Dollars Paid-Svcs. Ordered	Total dollars paid by Title XIX to other providers for services prescribed or ordered by providers in this group		X
07	Grand Total Dollars Paid	Grand total dollars paid by Title XIX for all services rendered, prescribed and ordered by providers in this group		X
08	No. Recipients Served-Medicaid	An upduplicated count of individual recipients served by providers in this group with primary coverage under Title XIX	X	
09	No. Recipients Served-Medicare	An unduplicated count of individual recipients served by providers in this group with primary coverage under Title XVIII	X	
10	Total No. Recipients Served	An unduplicated count of all individuals recipients served by providers in this group	X	

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MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICAIN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
11	No. of Medical Visits-Total	Total number of Medical Visits by providers in this group at all locations	X	
12	No. of Medical Visits-In Hosp.	Total number of Medical Visits by providers in this group at inpatient hospitals		X
13	No. of Medical Visits-Out Hosp.	Total number of Medical Visits by providers in this group at outpatient hospital facilities		X
14	No. of Medical Visits-LTCF	Total number of Medical Visits by providers in this group at long term care facilities		X
15	No. of Medical Visits-Home	Total number of Medical Visits by providers in this group at patients' home		X
16	No. of Medical Visits-Office	Total number of Medical Visits by providers in this group at their offices		X
17	Pmts. for Medical Visits-Total	Total dollars paid to providers in this group for Medical Visits at all locations		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
18	Pmts. for Medical Visits-In Hosp.	Total dollars paid to providers in this group for Medical Visits at inpatient hospital facilities		X
19	Pmts. for Medical Visits-Out Hosp.	Total dollars paid to providers in this group for Medical Visits at outpatient hospital facilities		X
20	Pmts. for Medical Visits-LTCF	Total dollars paid to providers in this group for Medical Visits at long term care facilities		X
21	Pmts. for Medical Visits-Home	Total dollars paid to providers in this group for Medical Visits at patients' homes		X
22	Pmts. for Medical Visits-Office	Total dollars paid to providers in this group for Medical Visits at their offices		X
23	No. of Initial Visits-Total	Total Number of Initial Medical Visits by providers in this group at all locations	X	
24	No. of Initial Visits-In Hosp.	Total number of Initial Medical Visits by providers in this group at inpatient hospital facilities		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
25	No. of Initial Visits-Out Hosp.	Total number of Initial Medical Visits by providers in this group at outpatient hospital facilities		X
26	No. of Initial Visits-LTCF	Total number of Initial Medical Visits by providers in this group at long term care facilities		X
27	No. of Initial Visits-Home	Total number of Initial Medical Visits by providers in this group at patients' homes		X
28	No. of Initial Visits-Office	Total number of Initial Medical Visits by providers in this group at their offices		X
29	No. Recipients Served-In Hosp.	An unduplicated count of individual recipients with Medical Visits by providers in this group at in-patient hospitals		X
30	No. Recipients Served-Out Hosp.	An unduplicated count of individual recipients with Medical Visits by providers in this group at out-patient hospitals		X
31	No. Recipients Served-LTCF	An unduplicated count of individual recipients with Medical Visits by providers in this group at long term care facilities		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
32	No. Recipients Served-Home	An unduplicated count of individual recipients with Medical Visits at their homes by providers in this group		X
33	No. Recipients Served-Office	An unduplicated count of individual recipients with Medical Visits by providers in this group at their offices		X
34	No. of Injections-Total	Total number of Injections by providers in this group at all locations	X	
35	No. of Injections-Home	Total number of Injections by providers in this group at patients' homes		X
36	No. of Injections-Office	Total number of Injection by providers in this group at their offices		X
37	Pmts. for Injections-Total	Total dollars paid to providers in this group for Injections at all locations	X	
38	Pmts. for Injections-Home	Total dollars paid to providers in this group for Injections at patients' homes		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
39	Pmts. for Injections-Office	Total dollars paid to providers in this group for Injections at their offices		X
40	No. of Surg. Proc.-Total	Total number of Surgical Procedures by providers in this group at all locations	X	
41	No. of Surg. Proc.-In Hosp.	Total number of Surgical Procedures by providers in group at inpatient hospitals		X
42	No. of Surg. Proc.-Out Hosp.	Total number of Surgical Procedures by providers in this group at outpatient hospital facilities		X
43	No. of Surg. Proc.-Office	Total number of Surgical Procedures by providers in this group at their offices		X
44	Pmts. for Surgery-Total	Total dollars paid to providers in this group for Surgical Procedures at all locations	X	
45	Pmts. for Surgery-In Hosp.	Total dollars paid to providers in this group for Surgical Procedures at inpatient hospitals		X
46	Pmts. for Surgery-Out Hosp.	Total dollars paid to providers in this group for Surgical Procedures at outpatient hospitals		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
47	Pmts. for Surgery-Office	Total dollars paid to providers in this group for Surgical Procedures at their offices		X
48	No. Surg. Recipients Served-In Hosp.	An unduplicated count of recipients with Surgical Procedures by providers in this group at inpatient hospitals		X
49	No. Surg. Recipients Served-Out Hosp.	An unduplicated count of recipients with Surgical Procedures by providers in this group at outpatient hospital facilities		X
50	No. Surg. Recipients Served-Office	An unduplicated count of recipients with Surgical Procedures by providers in this group at their offices		X
51	No. Diag. Radiology Proc.	Total number of Diagnostic Radiology Procedures by providers in this group	X	
52	Pmts. for Diag. Radiology Proc.	Total dollars paid to providers in this group for Diagnostic Radiology Procedures	X	
53	No. Diag. Lab. Proc.	Total number of Diagnostic Laboratory Procedures by providers in this group	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
54	Pmts. for Diag. Lab. Proc.	Total dollars paid to providers in this group for Diagnostic Laboratory Procedures	X	
55	No. Other Diag. Proc.	Total number of other specific Diagnostic Procedures by providers in this group	X	
56	Pmts. for Other Diag. Proc.	Total dollars paid to providers in this group for other specific Diagnostic Procedures	X	
57	No. of Consultations	Total number of Consultation by providers in this group	X	
58	Pmts. for Consultations	Total dollars paid to providers in this group for Consultations	X	
59	No. All Other Services	Total number of all services rendered by providers in this group other than those itemized above	X	
60	Pmts. for All Other Services	Total dollars paid for all services rendered by providers in this group other than those itemized above	X	
	All of the following Report Items refer to Services rendered by other providers at the order of prescription of providers in this group to recipients with primary coverage under Title XIX.		X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
61	No. Services-Other Physicians	Total number of services rendered by other physicians		X
62	Pmts. for Svcs.-Other Physicians	Total dollars paid for services rendered by other physicians		X
63	No. Services-Out Hosp.	Total number of services rendered by outpatient hospitals		X
64	Pmts. for Svcs.-Out Hosp.	Total dollars paid for services rendered by outpatient hospitals		X
65	No. Svcs.-Lab & X-Ray	Total number of service rendered by independent laboratory and X-Ray organizations		X
66	Pmts. for Svcs.-Lab. & X-Ray	Total dollars paid for services rendered by independent laboratory and X-Ray organizations		X
67	No. Hosp. Discharges	Total number of inpatient hospital discharges		X
68	Pmts. for In Hosp. Services	Total dollars paid for inpatient hospital services		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICAIN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
69	Days of Hospital Stay	Total days of stay in hospitals		X
70	No. Hosp. Surg. Dscgs.	Total number of inpatient hospital discharges after surgery		X
71	Days of Preop. Hospital Stay	Total days of preoperative stay in hospitals		X
72	No. Patients in LTCF	Total number of patients residing in long term care facilities		X
73	No. of LTCF Discharges	Total number of discharges from long term care facilities		X
74	Pmts. for LTCF Services	Total dollars paid for services of long term care facilities		X
75	No. of Drug Rx Filled	Total number of drug prescriptions filled		X
76	Pmts. for Drug Rx	Total dollars paid for drug prescriptions filled		X
77	No. All Other Services Ordered	Total number of all other services rendered at the order of providers in this group		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
78	Pmts. for All Other Services	Total dollars paid for all other services rendered at the order of providers in this group		X
	Each of the following Report Items is reported for the immediately proceeding twelve month period and refers to services rendered to recipients with primary coverage under Title XIX.			
79	Max. Visits in 1 Day-Total	A count of the maximum number of Medical Visits by providers in this group in a single day		X
80	Max. Visits in 1 Day-In Hosp.	A count of the maximum number of Medical Visits by providers in this group in a single day at inpatient hospitals		X
81	Max. Visits in 1 Day-LTCF	A count of the maximum number of Medical Visits at long term care facilities by providers in this group in a single day		X
82	Max. Visits in 1 Day-Office	A count of the maximum number of Medical Visits by providers in this group at their offices in a single day		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PHYSICIAN SERVICES CLASS PROFILES SU-0-02

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
83	Max. Visits in 1 Day-Home	A count of the maximum number of Medical Visits at patient's homes by providers in this group in a single day		X
CC	Averages Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change Value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Physician Services. The values of each Report Item, however, are for an average provider in this Class Group rather than for a specific provider.	X	
DD	Standard Deviations Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service Basis. A Trend Line Rate of change value covering the last fifteen months is also reported for each Report Item.	X	

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
		The Report Item content of this Section is identical to that of the Summary Profile Report-Physicain Services. The values of each Report Item, however, represent the standard deviation from the average of the corresponding values of all individual providers in this Class Group.		
EE	Frequency Distributions Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Summary Profile Report-Physician Services may be selected. The report will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual providers in this Class Group fell into each value range.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Management Summary Report- Inpatient Hospital Services Class Profiles	**OUTPUT NO.** SU-0-03
SUBSYSTEM NAME Surveillance and Utilization Review	**DATE** 8/1/71
SOURCE OF OUTPUT DATA Management Summary Module Process Step U2.1	**FREQUENCY** Monthly **MEDIA** Paper

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2. Management and Administrative Reporting Subsystem
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	
2.	Class Group	5.	
3.	Section Number	6.	

PURPOSE OF OUTPUT

1. To verify the statistical validity of each Inpatient Hospital Class Group by use of standard deviations and frequency distributions.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of Inpatient Hospitals.

REMARKS

One Class Profile, consisting of four sections, will be produced for each Inpatient Hospital Class Group previously defined by the user. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION
SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - INPATIENT HOSPITAL SERVICES CLASS PROFILES	SU-0-03

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
B1	Totals Section Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.		X	
01	No. of Providers	Number of active providers in this group	X	
02	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by providers in this group under Title XIX	X	
03	Dollars Paid-Medicaid	Total dollars paid to providers in this group for services rendered under Title XIX	X	
04	Dollars Paid-Medicare	Total dollars paid to providers in this group by Title XIX for Title XVIII Coinsurance and Deductible	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - INPATIENT HOSPITAL SERVICES CLASS PROFILES SU-0-03

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	Total Dollars Paid	Total dollars paid to providers in this group by Title XIX	X	
06	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by providers in this group	X	
07	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by providers in this group	X	
08	Total No. Recipients Served	An unduplicated count of all individual recipients served by providers in this group	X	
09	No. of Admissions	A count of individual admissions	X	
10	No. of Discharges	A count of all individual discharges	X	
11	No. of Days Preop. Stay	Total days of preoperative stay	X	
12	No. of Surg. Discharges	A count of individual discharges after surgery	X	
	The days of stay ranges indicated below are variable, at state option.			

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - INPATIENT HOSPITAL SERVICES CLASS PROFILES SU-0-03

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
13	Discharges 1 Day	Number of discharges after 1 day of stay	X	
14	Discharges 2 Days	Number of discharges after 2 days of stay	X	
15	Discharges 3-5 Days	Number of discharges after 3-5 days of stay	X	
16	Discharges 6-8 Days	Number of discharges after 6-8 days of stay	X	
17	Discharges 9-15 Days	Number of discharges after 9-15 days of stay	X	
18	Discharges 16-30 Days	Number of discharges after 16-30 days of stay	X	
19	Discharges 31 Days Up	Number of discharges after more than 30 days of stay	X	
20	Discharges w/Surgery	Number of discharges with surgery	X	
21	Discharges to NH	Number of discharges to Skilled Nursing Homes, ECF, & ICF	X	
22	Discharges to Home Care	Number of discharges to home health care	X	
23	No. of Fri.-Sat. Admissions	Number of Friday and Saturday admissions	X	
24	No. of Sun.-Mon. Discharges	Number of Sunday and Monday discharges	X	

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - INPATIENT HOSPITAL SERVICES CLASS PROFILES SU-0-03

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
25	No. of Ancillaries	Number of ancillary services rendered	X	
26	Pmts. for Ancillaries	Total dollars paid for ancillary services	X	
27	No. of Admis. Prior to Auth.	Number of admissions with prior authorization		X
Bx	(General Type of Service) Totals Section	There may be up to eight sections of this type, where x is the section number (2-9) and General Type of Service describes a grouping of service types, e.g., Medical, Pediatrics, etc. Each of these sections has the same Report Item content as Section B1. The values of each Report Item apply only to the General Type of Service under consideration.		X
CC	Averages Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Inpatient Hospital Services. The values of each Report Item, however, are for an average provider in this Class Group rather than for a specific provider.	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - INPATIENT HOSPITAL SERVICES CLASS PROFILES SU-0-03

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
DD	Standard Deviation Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item Content of this section is identical to that of the Summary Profile Report Inpatient Hospital Services. The values of each Report Item, however, represent the standard deviation from the average of the corresponding values of all individual providers in this Class Group.	X	
EE	Frequency Distribution Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Summary Profile Report-Inpatient Hospital Services may be selected. The report will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual providers in this Class Group fell into each value range.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Management Summary Profile Outpatient Hospital Services Class Profiles	OUTPUT NO. SU-0-04
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Management Summary Module Process Step U2.1	FREQUENCY Monthly MEDIA Paper

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2. Management and Administrative Reporting Subsystem
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	
2.	Class Group	5.	
3.	Section Number	6.	

PURPOSE OF OUTPUT

1. To verify the statistical validity of each Outpatient Hospital Class Group by use of standard deviations and frequency distributions.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of Outpatient Hospitals.

REMARKS

One Class Profile, consisting of four sections, will be produced for each Outpatient Hospital Class Group previously defined by the user. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - OUTPATIENT HOSPITAL SERVICES CLASS PROFILES SU-0-04

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
B1	Totals Section Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.		X	
01	No. of Providers	Number of active providers in this group	X	
02	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by providers in this group under Title XIX.	X	
03	Dollars Paid-Medicaid	Total dollars paid to providers in this group for services rendered under Title XIX	X	
04	Dollars Paid-Medicare	Total dollars paid to providers in this group by Title XIX for Title XVIII Coinsurance and Deductible	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - OUTPATIENT HOSPITAL SERVICES CLASS PROFILES SU-0-04

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	Total Dollars Paid	Grand total dollars paid to providers in this group by Title XIX	X	
06	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by providers in this group	X	
07	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by providers in this group	X	
08	Total No. Recipients Served	An unduplicated count of all individual recipients served by providers in this group	X	
09	No. of Services Provided	A count of all specific, individual services rendered by providers in this group	X	
10	No. of Services Prior Auth.	Number of services prior authorized	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - OUTPATIENT HOSPITAL SERVICES CLASS PROFILES SU-0-04

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
Bx	(General Type of Service) Totals Section	There may be up to eight sections of this type, where x is the section number (2-9) and General Type of Service describes a grouping of service types, e.g., Surgery, Pharmacy, Emergency Room, etc. Each of these sections has the same Report Item content as Section B1. The values of each Report Item apply only to the General Type of Service under consideration.		X
CC	Averages Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, and on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Outpatient Hospital Services. The values of each Report Item, however, are for an average provider in this Class Group rather than for a specific provider.	X	
DD	Standard Deviations Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - OUTPATIENT HOSPITAL SERVICES CLASS PROFILES SU-0-04

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
		The Report Item content of this section is identical to that of the Summary Profile Report-Outpatient Hospital Services. The values of each Report Item, however, represent the standard deviation from the average of the corresponding values of all individual providers in this Class Group.		
EE	Frequency Distributions Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Summary Profile Report-Outpatient Hospital Services may be selected. The report will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual providers in this Class Group fell into each value range.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Management Summary Report Long Term Care Facility Services Class Profiles	OUTPUT NO. SU-0-05
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Management Summary Module Process Step U2.1	FREQUENCY Monthly MEDIA Paper

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2. Management and Administrative Reporting Subsystem
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	
2.	Class Group	5.	
3.	Section Number	6.	

PURPOSE OF OUTPUT

1. To verify the statistical validity of each Long Term Care Facility Class Group by use of standard deviations and frequency distributions.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of Long Term Care Facilities.

REMARKS

One Class Profile, consisting of four sections, will be produced for each Long Term Care Facility Class Group previously defined by the user. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION
SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-LONG TERM CARE FACILITY SERVICES CLASS PROFILES	SU-0-05

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
B1	Totals Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line of Change value covering the last fifteen months is also reported for each Report Item.	X	
01	No. of Providers	Number of active providers in this group	X	
02	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by providers in this group under Title XIX	X	
03	Dollars Paid-Medicaid	Total dollars paid to providers in this group for services rendered under Title XIX	X	
04	Dollars Paid-Medicare	Total dollars paid to providers in this group by Title XIX for Title XVIII Coinsurance and Deductible	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-LONG TERM CARE FACILITIES SERVICES CLASS PROFILES SU-0-05

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	Total Dollars Paid	Grand total dollars paid to providers in this group by Title XIX	X	
06	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by providers in this group	X	
07	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by providers in this group	X	
08	Total No. Recipients Served	An unduplicated count of all individual recipients served by providers in this group	X	
09	No. of Recipients in Category	Number of recipients in this patient status category	X	
	The days of stay ranges indicated below are variable, at state option.			
10	No. of Recipients 1-30 Days	Number of recipients with 1 to 30 days of stay	X	
11	No. of Recipients 31-60 Days	Number of recipients with 31 to 60 days of stay	X	
12	No. of Recipients 61-90 Days	Number of recipients with 61 to 90 days of stay	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-LONG TERM CARE FACILITIES SERVICES CLASS PROFILES SU-0-05

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
13	No. of Recipients 91-120 Days	Number of recipients with 91 to 120 days of stay	X	
14	No. of Recipients 121-150 Days	Number of recipients with 121-150 days of stay	X	
15	No. of Recipients 151 Days Up	Number of recipients with 151 days of stay and over	X	
16	Total Days Stay	Total days of stay	X	
17	Total Leave Days	Total leave days	X	
18	No. Ancillaries	Total number of ancillaries services	X	
19	Pmts. for Ancillaries	Total payments for ancillary services	X	
20	No. of Recipients Prior Auth.	Number of recipients receiving prior authorization for service		X
Bx	Totals for (Patient Status Category) Section There may be three sections of this type, where x is Section number (2-4) and Patient Status Category is Resident, Discharged, or Deceased. Each of these sections has the same Report Item content as Section B1. The values of each Report Item apply to the Patient Status Category under consideration.			X

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GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-LONG TERM CARE FACILITY SERVICES CLASS PROFILES SU-0-05

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
CC	Averages Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Long Term Care Facility Services. The values of each Report Item, however, are for an average provider in this Class Group rather than for a specific provider.	X	
DD	Standard Deviations Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item Content of this section is identical to that of the Summary Profile Report-Long Term Care Facilities Services. The values of each Report Item, however, represent the standard deviation from the average of the corresponding values of all individual providers in this Class Group.	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-LONG TERM CARE FACILITY SERVICES CLASS PROFILES SU-0-05

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
EE	Frequency Distributions Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Summary Profile Report-Long Term Facility Services may be selected. The Report will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual providers in this Class Group fell into each value range.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Management Summary Report-Dental Services Class Profiles	OUTPUT NO. SU-0-06
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Management Summary Module Process Step U2.1	FREQUENCY Monthly MEDIA Paper

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2. Management and Administrative Reporting
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	
2.	Class Group	5.	
3.	Section Number	6.	

PURPOSE OF OUTPUT

1. To verify the statistical validity of each Dental Class Group by use of standard deviations and frequency distributions.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of Dental Services.

REMARKS

One Class Profile, consisting of four sections, will be produced for each Dental Class Group previously defined by the user. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - DENTAL SERVICES CLASS PROFILES SU-0-06

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
B1	Totals Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.	X	
01	No. of Providers	Number of active providers in this group	X	
02	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by providers in this group under Title XIX	X	
03	Dollars Paid-Medicaid	Total dollars paid to providers in this group for services rendered under Title XIX	X	
04	Dollars Paid-Medicare	Total dollars paid to providers in this group by Title XIX, for Title XVIII Coinsurance and Deductible	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-DENTAL SERVICES CLASS PROFILES SU-0-06

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	Total Dollars Paid	Grand total dollars paid to providers in this group by Title XIX	X	
06	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by providers in this group	X	
07	No. Receipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by providers in this group	X	
08	Total No. Recipients Served	An unduplicated count of all individual recipients served by providers in this group	X	
09	No. of Services Provided	A count of individual services rendered by providers in this group	X	
10	No. of Services Prior Auth.	Total number of services with prior authorization		X

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - DENTAL SERVICES CLASS PROFILES SU-0-06

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
Bx		(General Type of Service) Totals Section There may be up to eight sections of this type, where x is the section number (2-9) and General Type of Service describes a grouping of services types, e.g. Exam, Extraction, etc. Each of these sections has the same Report Item content as Section B1. The values of each Report Item apply only to the General Type of Service under consideration.	X	
CC		Averages Section Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Dental Services. The values of each Report Item, however, are for an average provider in this Class Group rather than for a specific provider.	X	

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
DD	Standard Deviations Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Dental Services. The values of each Report Item, however, represent the standard deviation from the average of the corresponding value of all individual providers in this Class Group.	X	
EE	Frequency Distributions Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Summary Profile Report-Dental Services may be selected. The record will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual providers in this Class Group fell into each value range.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Management Summary Report-Prescribed Drugs Class Profiles	OUTPUT NO. SU-O-07
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Management Summary Module Process Step U2.1	FREQUENCY Monthly MEDIA Paper

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2. Management and Administrative Reporting Subsystem
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	
2.	Class Group	5.	
3.	Section Number	6.	

PURPOSE OF OUTPUT

1. To verify the statistical validity of each Prescribed Drug Class Group by use of standard deviations and frequency distributions.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of Prescribed Drugs.

REMARKS

One Class Profile, consisting of four sections, will be produced for each Prescribed Drugs Class Group previously defined by the user. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PRESCRIBED DRUGS CLASS PROFILES SU-0-07

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
B1	Totals Section Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.		X	
01	No. of Providers	Number of active providers in this group	X	
02	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by providers in this group	X	
03	Dollars Paid-Medicaid	Total dollars paid to providers in this group for services rendered under Title XIX	X	
04	Dollars Paid-Medicare	Total dollars paid to providers in this group by Title XIX for Title XVIII Coinsurance and Deductible		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PRESCRIBED DRUGS CLASS PROFILES SU-0-07

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	Total Dollars Paid	Grand Total dollars paid to providers in this group by Title XIX	X	
06	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by providers in this group	X	
07	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by providers in this group	X	
08	Total No. Recipients Served	An unduplicated count of all individual recipients served by providers in this group	X	
09	No. of Rx Filled	A count of individual prescriptions filled by providers in this group	X	
10	No. of Refill Rx	Total number of refill prescriptions	X	
11	No. of Compounded Rx	Total number of compounded prescriptions	X	
12	No. of OTC Rx	Total number of over-the-counter prescriptions	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PRESCRIBED DRUGS CLASS PROFILES SU-0-07

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
13	Pmts. for Prof. Fee	Total payments for professional fees	X	
14	No. of Rx Prior Authorized	Total number of prescriptions prior authorized	X	
Bx	(General Drug Category) Totals Section	There may be up to eight sections of this type, where x is the section number (2-9) and General Drug Category describes a grouping of drugs, e.c., Antibiotic, Narcotic, etc. Each of these sections has the same Report Item Content as section B1. The values of each Report Item apply only to the General Drug Category under considerations.		X
CC	Averages Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Prescribed Drugs. The values of each Report Item, however, are for an average provider in this Class Group rather than for a specific provider.	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT - PRESCRIBED DRUGS CLASS PROFILES SU-0-07

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
DD	Standard Deviations Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Prescribed Drugs. The values of the Report Item, however, represent the standard deviation from the average of the corresponding values of all individual providers in this Class Group.	X	
EE	Frequency Distributions Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Summary Profile Report-Prescribed Drugs may be selected. The report will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual providers of this Class Group fell into each value range.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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OUTPUT DEFINITION

OUTPUT NAME Management Summary Report-Other Provider Class Profiles	OUTPUT NO. SU-0-08
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Management Summary Module Process Step U2.1	FREQUENCY Monthly MEDIA Paper

DISTRIBUTION

1.	Surveillance and Utilization Review Unit
2.	Management and Administrative Reporting Subsystem
3.	
4.	
5.	

SEQUENCE

1.	Category of Service	4.
2.	Class Group	5.
3.	Section Number	6.

PURPOSE OF OUTPUT

1. To verify the statistical validity of each other provider Class Group by use of standard deviations and frequency distributions.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of all other providers.

REMARKS

One Class Profile, consisting of four sections, will be produced for each other provider Class Group previously defined by the user. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-OTHER PROVIDERS CLASS PROFILES

SO-0-08

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
B1	Totals Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.	X	
01	No. of Providers	Number of active providers in this group	X	
02	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by providers in this group under Title XIX	X	
03	Dollars Paid-Medicaid	Total dollars paid to providers in this group for services rendered under Title XIX	X	
04	Dollars Paid-Medicare	Total dollars paid to providers in this group for services rendered under Title XVIII (Coinsurance and Deductible)	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-OTHER PROVIDERS CLASS PROFILES SU-0-08

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	Total Dollars Paid	Grand Total dollars paid to providers in this group by Title XIX	X	
06	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by providers in this group	X	
07	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by providers in this group	X	
08	Total No. Recipients Served	An unduplicated count of all individual recipients served by providers in this group	X	
09	No. of Services Provided	A count of all specific, individual services rendered by providers in this group	X	
10	No. of Services Prior Auth	Number of services prior authorized		X
CC	Average Section Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value		X	

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
		covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Other Providers. The values of each Report Item, however, are for an average provider in this Class Group rather than for a specific provider.		
DD	Standard Deviations Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. The Report Item content of this section is identical to that of the Summary Profile Report-Other Providers. The values of each Report Item, however, represent the standard deviation from the average of the corresponding values of all individual providers in this Class Group.	X	
EE	Frequency Distributions Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Summary Profile Report-Other Providers may be selected. The report will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual providers in this Class Group fell into each value range.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Management Summary Report-Physician Treatment Analysis Class Profiles	OUTPUT NO. SU-0-09
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Management Summary Module Process Step U2.3	FREQUENCY Monthly MEDIA Paper

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2. Management and Administrative Reporting Subsystem
3.
4.
5.

SEQUENCE

1. Category of Service	4. Diagnosis Code
2. Class Group	5.
3. Section Number	6.

PURPOSE OF OUTPUT

1. To verify the statistical validity of each Physician Treatment Analysis Class Group by use of standard deviations and frequency distributions.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of Physician Services, by diagnosis code.

REMARKS

One Class Profile, consisting of four sections, will be produced for each Physician Treatment Analysis Class Group previously defined. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-PHYSICIAN TREATMENT ANALYSIS CLASS PROFILES SU-0-09

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
Bx	Diagnosis Code Totals	Each of the Report Items in this section refers to services rendered to recipients with primary coverage under Title XIX. The section is repeated once for each diagnosis code reported during the last twelve month period by the provider Class Group. Within each diagnosis code section there may be up to five additional interations by age group for all Report Items listed below. The values of all Report Items reflect twelve months of activity.	X	
01	Diagnosis Code	Data Element 306	X	
02	Age Group Code	Data Element 706		X
03	Number of Recipients	An unduplicated count of recipients for whom this diagnosis was reported	X	
04	Number of Services	A count of service provided in response to this diagnosis code	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-PHYSICIAN TREATMENT ANALYSIS CLASS PROFILES SU-0-09

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	No. of Different Procedures	An unduplicated count of individual procedures rendered in response to this diagnosis code	X	
06	Number of Drug Rx	A count of drug prescriptions filled in response to this diagnosis code		X
07	No. of Different Drugs	An unduplicated count of individual drugs prescribed in response to this daignosis code		X
08	No. of Hospital Discharges	A count of discharges after stays in inpatient hospitals under this diagnosis code		X
09	No. of Days of Hospital Stay	Total number of days stay in inpatient hospitals		X
10	Procedure Code	Data Element 500 (This item occurs for each individual procedure applied for this diagnosis)		X
11	Frequency of Procedure	Total number of times this procedure was applied for this diagnosis (This item occurs jointly with Procedure Code)		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-PHYSICIAN TREATMENT ANALYSIS CLASS PROFILES SU-0-09

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
12	Drug Code	Data Element 501 (This item occurs once for each individual drug prescribed for this diagnosis)		X
13	Frequency of Drug	Total number of times this drug was prescribed for this diagnosis (This item occurs jointly with Drug Code)		X
Cxx	Averages Section	Each of the Report Items in this section refers to services rendered to recipients with primary coverage under Title XIX. The section is repeated once for each diagnosis code reported during the last twelve month period by the provider Class Group under consideration. Within each diagnosis code section there may be up to five additional iterations by age group for all Report Items contained herein. The Report Item content of this section is identical to that of the Treatment Analysis Report-Physician Services. The value of each Report Item, however, is for an average provider in this Class Group rather than for a specific provider.	X	
Dxx	Standard Deviations Section	Each of the Report Items in this section refers to services rendered to recipients with primary coverage under Title XIX. The section is repeated once for each diagnosis code reported during the last twelve month period by the provider Class Group under consideration. Within each diagnosis code section there may be up to five additional interations by age group for all Report Items contained herein.	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION			REPORT ITEM DESCRIPTION	
SUBSYSTEM	S/UR MANAGEMENT SUMMARY REPORT-PHYSICIAN TREATMENT ANALYSIS CLASS PROFILES			SU-0-09
ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
	The Report Item content of this section is identical to that of the Treatment Analysis Report-Physician Services. The value of each Report Item, however, represents the standard deviation from the average of the corresponding value of all individual providers in this Class Group.			
Exx	Frequency Distributions Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Treatment Analysis Report-Physician Services may be selected. The report will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual providers of this Class Group fell into each value range.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Management Summary Report-Inpatient Hospital Treatment Analysis Class Profiles	OUTPUT NO. SU-0-10
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Management Summary Module Process Step U2. 3	FREQUENCY Monthly MEDIA Paper

DISTRIBUTION

1.	Surveillance and Utilization Review Unit
2.	Management and Administrative Reporting Subsystem
3.	
4.	
5.	

SEQUENCE

1.	Category of Service	4. Diagnosis Code
2.	Class Group	5.
3.	Section Number	6.

PURPOSE OF OUTPUT

1. To verify the statistical validity of each Inpatient Hospital Treatment Analysis Class Group by use of standard deviations and frequency distributions.
2. To aid in the establishment of realistic Exception Control Limits where system generated limits are not acceptable.
3. To provide management and administrative personnel with a detailed breakout of the overall utilization patterns of Inpatient Hospital Services, by diagnosis code.

REMARKS

One Class Profile, consisting of four sections, will be produced for each other Inpatient Hospital Treatment Analysis Class Group previously defined by the user. An overall profile, also consisting of four sections, will be produced for each Category of Service.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-INPATIENT HOSPITAL TREATMENT ANALYSIS CLASS PROFILES
SU-0-10

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
Bxx	Diagnosis Code Totals Section	Each of the Report Items in this section refers to services rendered to recipients with primary coverage under Title XIX. The Section is repeated once for each diagnosis code reported during the last twelve month period by the provider Class Group. Within each diagnosis code section there may be up to five additional iternations be age group for all Report Items listed below. The values of all Report Items reflect twelve months of activity.	X	
01	Diagnosis Code	Data Element 306	X	
02	Age Group Code	Data Element 706		X
03	No. of Surgical Discharges	A count of discharges after surgery for this diagnosis code	X	
04	No. of Non-Surgical Discharges	A count of discharges with no surgery involved, for this diagnosis code	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-INPATIENT HOSPITAL TREATMENT ANALYSIS CLASS PROFILES
SU-0-10

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	No. of Days Surg. Stay	Total number of days of stay prior to discharges after surgery	X	
06	No. of Days Non-Surg. Stay	Total number of days of stay prior to discharges not involving surgery	X	
07	No. of Ancillaires with Surg.	Total number of ancillary services for stays involving surgery	X	
08	No. of Ancillaries without Surg.	Total number of ancillary services for non-surgical stays	X	
09	Ancillary Code	Data Element 500 (This item occurs once for each individual ancillary provided for this diagnosis)		X
10	Frequency of Ancillary	Total number of times this ancillary was provided for this diagnosis (This item occurs jointly with Ancillary Code)		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-INPATIENT HOSPITAL TREATMENT ANALYSIS CLASS PROFILES SU-0-10

ITEM NO.	ITEM NAME / ITEM DESCRIPTION	MINIMAL	RECOMMENDED
Cxx	Averages Section Each of the Report Items in this section refers to services rendered to recipients with primary coverage under Title XIX. The section is repeated once for each diagnosis code reported during the last twelve month period by the provider Class Group under consideration. Within each diagnosis code section there may be up to five additional interations by age group for all Report Items contained herein. The Report Item content of this section is identical to that of the Treatment Analysis Report-Inpatient Hospital Services. The value of each Report Item, however, is for an average provider in this Class Group rather than for a specific provider.	X	
Dxx	Standard Deviations Section Each of the Report Items in this section refers to services rendered to recipients with primary coverage under Title XIX. The section is repeated once for each diagnosis code reported during the last twelve month period by the provider Class Group under consideration. Within each diagnosis code section there may be up to five additional iterations by age group for all Report Items contained herein. The Report Item content of this section is identical to that of the Treatment Analysis Report-Inpatient Hospital Services. The value of each Report Item, however, represents the standard deviation from the average of the corresponding value of all individual providers in this Class Group.	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR MANAGEMENT SUMMARY REPORT-INPATIENT HOSPITAL TREATMENT ANALYSIS CLASS PROFILES
SU-0-10

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
Exx	Frequency Distributions Section	This section contains frequency distributions on Report Items selected by the user. Any Report Item listed in the Treatment Analysis Report-Inpatient Hospital Services may be selected. The report will display a series of value ranges for each Report Item selected, together with a count of the number of times the value of that item for individual providers of this Class Group fell into each value range.		X

SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM

SUMMARY PROFILE REPORTS

Purpose

The Summary Profile Reports are the primary basis for the detection of misutilization of the Medicaid Program. These reports are designed to give an overall picture of the utilization patterns of individual providers and recipients, over a period of five calendar quarters. Items of information contained in these reports have been selected to reveal all common types of misutilization subject to detection by statistical reporting.

Characteristics

a. Provider reports are produced monthly, recipient reports are produced quarterly.

b. Excepted provider and recipient profiles are printed by the computer; all profiles are recorded on microfilm.

c. Of the complete set of Report Items described for each report, only those preselected by the user are printed.

d. Each Report Item causing an individual provider or recipient to be excepted is identified by an asterisk placed to the right of the excepted value of that item.

e. Individual providers and recipients may be flagged so that their summary profiles will be produced on a regular basis.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Summary Profile Report-Recipient	OUTPUT NO. SU-0-11
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Summary Profile Reporting Module Process Step U4.4	FREQUENCY Quarterly MEDIA Paper/Microfilm

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2.
3.
4.
5.

SEQUENCE

1.	Class Group	4.	
2.	Variable Sequence Field	5.	
3.	Recipient Identification Number	6.	

PURPOSE OF OUTPUT

The Summary Profile Report-Recipient presents maximum, useful utilization information on individual recipients.

REMARKS

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RUN DATE: 08/01/71                                                                                         PAGE NO  1
                                              SUMMARY PROFILE REPORT: RECIPIENT

AA  IDENTIFICATION SECTION:
      NAME: PETER M WILLIAMSON         RACE: C                        CLASS GROUP: 26             THIRD PARTY LIABILITY: B
      NUMBER: 123-45-6789              SEX: M                         AID CATEGORY: OAA           ELIGIBILITY DATES:
      LOCATION: 320                    BIRTHDATE: 02/21/36            MONEY PAYMENT: A                  01/01/70-PRESENT
                                                                                                        04/15/68-04/15/69
                                                                                                        10/20/48-10/20/49

                                       ----------------FOR SERVICES RECEIVED TO DATE AS OF:----------------------------
       REPORT ITEM/SECTION                AVG.        THIS     THIS QTR       1 QTR       2 QTRS       3 QTRS
NO.          TITLE                       MONTH         QTR      LAST YR         AGO          AGO          AGO

B1 VOLUME SUMMARY SECTION

01 DOLLARS PAID - MEDICAID              300.50*     400.00      200.00      300.00      250.00       100.00
02 DOLLARS PAID - MEDICARE              200.25      300.00      200.00      300.00      250.00       100.00
03 TOTAL DOLLARS PAID                   500.75      700.00      400.00      600.00      500.00       200.00

C1 SERVICES SUMMARY SECTION

01 NO. DIFFERENT DIAGNOSES                              25          76          80          70           60
02 NO. DIFFERENT PHYSICIANS                             35          50          60          50           50
03 NO. MEDICAL VISITS                       20          45*         60          50          30           40
04 PERCENT INITIAL VISITS                20.15       10.00       20.00       20.00       10.00        11.00
05 PMTS FOR MEDICAL VISITS               45.50      200.00*     300.00*     200.00      200.00       150.00
06 NO. OF INJECTIONS                        10          15          20          20          20           10
07 RATIO INJECTIONS/VISITS                3.50        3.15        3.17        3.20        3.20         1.00
08 PMTS FOR INJECTIONS                   26.00        7.80        8.00        8.00        8.50         7.00
09 NO. SURGICAL PROCEDURES                  14          10          10          10          10           10
10 PMTS FOR SURGERY                      14.00       25.14       26.00       26.00       24.00        23.00
11 NO. DIAG. LAB PROCEDURES                 10          20          30          30          20           15
12 RATIO LAB/VISITS                       4.25        3.15        3.60        3.60        2.60         1.60
13 PMTS FOR DIAG LAB                     10.75       15.00*      14.00       14.00       12.00        10.00
14 NO. DIAG. RAD PROCEDURES                 73          73          73          73          73           73
15 RATIO RADIOLOGY/VISITS                 3.50        3.50        3.50        3.50        3.50         3.50
16 PMTS FOR DIAG RADIOLOGY               88.00       88.00       88.00       88.00       88.00        88.00
17 NO. HOSPITAL DISCHARGES                   3           3           3           3           3            3
18 NO. DAYS IN HOSPITAL                     15          15          15          15          15           15
19 RATIO IN HOSP DAYS/VISITS              4.00        4.00        4.00        4.00        4.00         4.00
20 PMTS FOR IN HOSPITAL                  45.75       45.75       48.75       56.75       28.75        26.75
21 NO. OF OUTPATIENT SVCS                   10          10          10          10          10           10
22 NO. OF DIFFERENT OUT HOSP                             2           2           2           2            2
23 PMTS FOR OUT HOSP SVCS                25.00       25.00       25.00       25.00       25.00        25.00
24 NO. LTCF DISCHARGES                       3           3           3           3           3            3
25 NO. DAYS IN LTCF                         60          60          60          60          60           60
26 RATIO LTCF DAYS/LTCF VISITS            4.23        4.23        4.23        4.23        4.23         4.23
27 PMTS FOR LTCF CARE                    76.00       76.00       76.00       76.00       76.00        76.00
28 NO. OF DRUG RX                           10          10          10          10          10           10
29 PERCENT REFILL RX                     15.00       15.00       15.00       15.00       15.00        15.00
30 NO. OF NARCOTIC DRUG RX                  25          25          30          20          20           20
31 NO. OF DIFFERENT DRUGS                               10          10          10          10           10
32 PMTS FOR DRUGS                        60.00       60.00       60.00       60.00       60.00        60.00
33 NO. OF OTHER SERVICES                    14          14          14          14          14           14
34 PMTS FOR OTHER SERVICES               30.00       30.00       30.00       30.00       30.00        30.00

                                                  REPORT FORMAT SAMPLE
                                                   OUTPUT NO SU-O-11
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MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - RECIPIENT

SU-0-11

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Class Group	Class Group Code (Data Element 702)	X	
02	Name	Recipient Name (Data Element 103)	X	
03	Number	Recipient I.D. Number (Data Element 101)	X	
04	Location	Location Code (Data Element 133)	X	
05	Aid Category	Recipient Aid Category (Data Element 109)	X	
06	Race	Recipient Race Code (Data Element 106)	X	
07	Sex	Recipient Sex Code (Data Element 107)	X	
08	Birthdate	Recipient Date of Birth (Data Element 105)	X	
09	Money Payment	Money Payment Code (Data Element 117)	X	
10	Third Party Liability	Third Party Liability Code (Data Element 113)	X	

PAGE 1 OF 7

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - RECIPIENT SU-O-11

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
11	Eligibility Begin	Eligibility Begin Date (Data Element 110)	X	
12	Eligibility End	Eligibility End Date (Data Element 111)	X	
B1	Volume Summary Section	Each of the Report Items in this section is reported for the following time periods: Average Month of the past twelve months, and each of the last five quarters, all on a Date of Service basis.	X	
01	Dollars Paid-Medicaid	Total dollars paid for services to this recipient rendered under Title XIX	X	
02	Dollars Paid-Medicare	Total dollars paid for services to this recipient rendered under Title XVIII (Coinsurance and Deductible)	X	
03	Total Dollars Paid	Item B1.01 + Item B1.02	X	
04	Dollars Paid by Recipient	Total dollars paid by recipient for deductible and copayments	X	
C1	Services Summary Section	See note for Section B1. All Report Items in this section refer to services paid for entirely by Title XIX.	X	
01	No. Different Diagnoses	An unduplicated count of each separate primary diagnosis code reported for this recipient	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - RECIPIENT SU-0-11

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
02	No. Different Physicians	An unduplicated count of individual physicians, physician groups, or physician clinics seen by this recipient		X
03	No. Medical Visits	Total number of all Medical Visits to physicians by this recipient	X	
04	Percent Initial Visits	(Total number of initial Medical Visits to physicians by this recipient ÷ Item C1.02) X 100	X	
05	Pmts. for Medical Visits	Total dollars paid for Medical Visits to physicians by this recipient	X	
06	No. of Injections	Total number of Injections received by this recipient	X	
07	Ratio Injections/Visits	Item C1.06 ÷ Item C1.03	X	
08	Pmts. for Injections	Total dollars paid for Injections received by this recipient		X
09	No. Surgical Procedures	Total number of Surgical Procedures received by this recipient	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - RECIPIENT

SU-0-11

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
10	Pmts. for Surgery	Total dollars paid for Surgical Procedures received by this recipient		X
11	No. Diag. Lab. Procedures	Total number of Diagnostic Laboratory Procedures received by this recipient	X	
12	Ratio Lab/Visits	Item C1.11 ÷ Item C1.03	X	
13	Pmts. for Diag. Lab.	Total dollars paid for Diagnostic Laboratory Procedures received by this recipient		X
14	No. Diag. Rad. Procedures	Total number of Diagnostic Radiology Procedures received by this recipient	X	
15	Ratio Rad /Visits	Item C1.14 ÷ Item C1.03	X	
16	Pmts. for Diag. Rad.	Total dollars paid for Diagnostic Radiology Procedures received by this recipient		X
17	No. Hospital Discharges	Total number of times this recipient was discharged from inpatient hospitals	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - RECIPIENT SU-0-11

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
18	No. Days in Hospital	Total number of days this recipient spent in inpatient hospitals	X	
19	Ratio In Hosp.Days/Visits	Item C1.18 ÷ Number of physicians Medical Visits to this recipient while in inpatient hospitals	X	
20	Pmts. for In Hosp.	Total dollars paid for inpatient hospital care for this recipient		X
21	No. of Outpatient Svcs.	Total number of services received by this recipient from outpatient hospitals	X	
22	No. of Different Out Hosp.	An unduplicated count of individual outpatient hospitals visited by this recipient		X
23	Pmts. for Out Hosp. Svcs.	Total dollars paid for outpatient hospital services received by this recipient		X
24	No. LTCF Discharges	Total number of times this recipient was discharged from long term care facilities	X	

PAGE 5 OF 7

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - RECIPIENT SU-0-11

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
25	No. Days in LTCF	Total number of days this recipient spent in long term care facilities	X	
26	Ratio LTCF Days/LTCF Visits	Item C1.25 ÷ Number of physician Medical Visits to this recipient while in long term care facilities	X	
27	Pmts. for LTCF Care	Total dollars paid for long term care facility care for this recipient		X
28	No. of Drug Rx	Total number of drug prescriptions filled for this recipient	X	
29	Percent Refill Rx	(Total number of refill drug prescriptions filled for this recipient ÷ C1.28) X 100	X	
30	No. of Narcotic Drug Rx	Total number of narcotic drug prescriptions filled for this recipient	X	
31	No. of Different Drugs	An unduplicated count of individual drugs received by this recipient		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - RECIPIENT

SU-0-11

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
32	Pmts. for Drugs	Total dollars paid for drug prescriptions filled for this recipient		X
33	No. of Other Services	Total number of services received by this recipient not covered by the Report Items listed above		X
34	Pmts. for Other Services	Total dollars paid for services received by this recipient not covered by the Report Items listed above		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Summary Profile Report-Physician Services	OUTPUT NO. SU-0-12
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Summary Profile Reporting Module Process Step U4.1	FREQUENCY Monthly MEDIA Paper/Microfilm

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2.
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	Provider Number
2.	Class Group	5.	
3.	Variable Sequence Field	6.	

PURPOSE OF OUTPUT

The Summary Profile Report-Physician Services presents maximum, useful utilization information on individual physicians, physician groups and clinics providing physician services.

REMARKS

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RUN DATE: 08/01/71                                                                                              PAGE NO  1
                                          SUMMARY PROFILE REPORT: PHYSICIAN SERVICES
                                        CATEGORY OF SERVICE: 23   CLASS GROUP CODE: 74
                                                 FOR MONTH OF JULY, 1971

AA  IDENTIFICATION SECTION:
        NAME: DR. CHARLES M. BROWNING          NUMBER: 6123458          TYPE: 49
        LOCATION: 476                          SPECIALTY: 36            SIZE:  1 PHYSICIAN

                                                    ------------FOR SERVICES RENDERED TO DATE AS OF-------------
         REPORT ITEM/SECTION          CLAIMS PAID     AVG.        THIS   THIS QTR      1 QTR      2 QTRS     3 QTRS      TREND  CLAIMS PAID
NO.            TITLE                   THIS MONTH     MONTH        QTR    LAST YR        AGO         AGO        AGO       RATE   FISCAL YTD

B1 VOLUME SUMMARY SECTION

01 DOLLARS INVOICED - MEDICAID          5,123.00*  5,000.00   5,000.00   4,300.00   4,000.00   4,000.00   4,000.00     +1.500     8,000.00
02 DOLLARS PAID - MEDICAID              4,000.00   4,000.00*  4,000.00   3,200.00   3,000.00   3,000.00   3,000.00     +2.300     7,000.00
03 DOLLARS PAID - MEDICARE              3,000.00   3,000.00   3,000.00   2,100.00   2,000.00   2,000.00   2,000.00     +4.700     6,000.00
04 TOTAL DOLLARS PAID DIRECT            7,000.00   7,000.00   7,000.00   9,600.00   9,000.00   9,000.00   9,000.00     +8.900    21,000.00
05 DOLLARS PAID - PRESCRIBED SVCS         500.00     500.00     500.00     200.00     500.00     300.00     200.00     +5.600     8,000.00
06 GRAND TOTAL DOLLARS PAID             7,500.00   7,500.00   7,500.00   9,800.00   9,500.00   9,300.00   9,200.00     +7.800    29,000.00
07 NO. RECIP. SERVED - MEDICAID              400        400        400        500        500        500        500     +2.300        1,800
08 NO. RECIP. SERVED - MEDICARE              200        200        200        300        300        300        300     +3.400        1,800
09 TOTAL NO. RECIPIENTS SERVED               600        600        600        800        800        800        800     +4.500        3,600

B2 RELATIONAL SUMMARY SECTION

01 PERCENT OF INVOICE AMOUNT PAID          85.50      85.50      84.00      83.00      86.00      87.00      86.00     +6.100        86.00
02 AVG. PAYMENT/RECIPIENT DIRECT           45.00      45.00      46.00      45.00      46.00      43.00      46.00     +6.500        43.00

C1 MEDICAID SERVICES RENDERED SECTION

13 PERCENT INITIAL VISITS-TOTAL            33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
14 PERCENT INITIAL VISITS-IN HOSP          33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
15 PERCENT INITIAL VISITS-OUT HOSP         33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
16 PERCENT INITIAL VISITS-LTCF             33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
17 PERCENT INITIAL VISITS-HOME             33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
18 PERCENT INITIAL VISITS-OFFICE           33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
19 AVG. NO. VISITS/RECIP.-TOTAL            33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
20 AVG. NO. VISITS/RECIP.-IN HOSP          33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
21 AVG. NO. VISITS/RECIP.-OUT HOSP         33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
22 AVG. NO. VISITS/RECIP.-LTCF             33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
23 AVG. NO. VISITS/RECIP.-HOME             33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
24 AVG. NO. VISITS/RECIP.-OFFICE           33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
31 AVG. PMT./INJECTION-TOTAL               33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
32 AVG. PMT./INJECTION-HOME                33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
33 AVG. PMT./INJECTION-OFFICE              33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
34 RATIO INJECTIONS/VISITS-TOTAL           33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
35 RATIO INJECTIONS/VISITS-HOME            33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
36 RATIO INJECTIONS/VISITS-OFFICE          33.00      16.00      18.00      24.00      19.00      16.00      14.00     +3.195
45 RATIO SURG PROC/RECIP-TOTAL             14.00      15.00      16.00      17.00      18.00      19.00      18.00     +2.800
46 RATIO SURG PROC/RECIP-IN HOSP           14.00      15.00      16.00      17.00      18.00      19.00      18.00     +2.800
47 RATIO SURG PROC/RECIP-OUT HOSP          14.00      15.00      16.00      17.00      18.00      19.00      18.00     +2.800
48 RATIO SURG PROC/RECIP-OFFICE            14.00      15.00      16.00      17.00      18.00      19.00      18.00     +2.800
51 RATIO DIAG RAD PROC/VISIT               14.00      15.00      16.00      17.00      18.00      19.00      18.00     +2.800
54 RATIO DIAG LAB PROC/VISIT               14.00      15.00      16.00      17.00      18.00      19.00      18.00     +2.800
57 RATIO OTHER DIAG PROC/VISIT             14.00      15.00      16.00      17.00      18.00      19.00      18.00     +2.800
60 AVG PMT/CONSULTATION                    14.00      15.00      16.00      17.00      18.00      19.00      18.00     +2.800
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RUN DATE: 08/01/71                                                                                                   PAGE NO  2
                                         SUMMARY PROFILE REPORT: PHYSICIAN SERVICES
                                        CATEGORY OF SERVICE: 23   CLASS GROUP CODE: 74
                                                FOR MONTH OF JULY, 1971

AA  IDENTIFICATION SECTION: (CONTINUED)
       NAME: DR. CHARLES M. BROWNING          NUMBER: 6123458

                                                   ------------FOR SERVICES RENDERED TO DATE AS OF-------------
          REPORT ITEM/SECTION          CLAIMS PAID      AVG.       THIS    THIS QTR     1 QTR      2 QTRS      3 QTRS     TREND  CLAIMS PAID
NO.             TITLE                   THIS MONTH     MONTH        QTR    LAST YR       AGO         AGO         AGO      RATE   FISCAL YTD

C2 MEDICAID SERVICES ORDERED SECTION

01 NO. SERVICES-OTHER PHYSICIANS           20*          20          20          20          20          20          20   +3.540
02 PMTS FOR SVCS-OTHER PHYSICIANS       40.00       40.00       40.00       40.00       40.00       40.00       40.00   +3.540
03 RATIO OTHER PHYS SVCS/RECIP           3.15        3.15        3.15        3.15*       3.15        3.15        3.15   +3.540
04 NO. SERVICES-OUT HOSP                   20          20          20          20          20          20          20   +3.540
05 PMTS FOR SVCS-OUT HOSP               40.00       40.00*      40.00       40.00       40.00       40.00       40.00   +3.540
06 RATIO OUT HOSP SVCS/RECIP             3.15        3.15        3.15        3.15        3.15        3.15        3.15   +3.540
07 NO. SVCS-LAB AND XRAY                   20          20          20          20          20          20          20   +3.540
08 PMTS FOR SVCS-LAB AND XRAY           40.00       40.00       40.00       40.00       40.00       40.00       40.00   +3.540
09 RATIO LAB AND XRAY SVCS/RECIP         3.15        3.15        3.15        3.15        3.15        3.15        3.15   +3.540
10 NO. HOSP DISCHARGES                     20          20*         20          20          20          20          20   +3.540
11 PMTS FOR IN HOSP SERVICES            40.00       40.00       40.00       40.00       40.00       40.00       40.00   +3.540
12 RATIO HOSP DISCHRGS/RECIP             3.15        3.15        3.15        3.15        3.15        3.15        3.15   +3.540
13 AVG DAYS STAY/HOSP DSCHRG             4.00        4.00        4.00        4.00        4.00        4.00        4.00*  +3.540
14 NO. HOSP SURGICAL DSCHRGS               20          20          20*         20          20          20          20   +3.540
15 AVG DAYS PREOP. STAY                  3.15*       3.15        3.15        3.15        3.15        3.15*       3.15   +3.540
16 NO. PATIENTS IN LTCF                    20          20          20          20          20          20          20   +3.540
17 NO. LTCF DISCHARGES                     20          20          20          20          20          20          20   +3.540
18 PMTS FOR LTCF SERVICES               40.00       40.00       40.00       40.00       40.00       40.00       40.00   +3.540
19 RATIO LTCF PATIENTS/RECIP               20          20          20          20          20          20          20   +3.540
20 NO. OF DRUG RX FILLED                   35          35          35          35          35          35          35   +3.540
21 PMTS FOR DRUG RX                     50.00       50.00       50.00       50.00*      50.00       50.00       50.00   +3.540
22 RATIO DRUG RX/VISITS                  3.75        3.75        3.75        3.75        3.75        3.75        3.75   +3.540
23 RATIO DRUG RX/RECIP                   2.14        2.14        2.14        2.14        2.14        2.14        2.14   +3.540
24 NO. ALL OTHER SVCS ORDERED              20          20          20          20          20          20          20   +3.540
25 PMTS FOR ALL OTHER SERVICES          35.00       35.00       35.00       35.00       35.00*      35.00       35.00   +3.540

C3 GANG VISITS SECTION                LAST 12 MONTHS

01 MAX VISITS IN 1 DAY-TOTAL               17
02 MAX VISITS IN 1 DAY-IN HOSP             17
03 MAX VISITS IN 1 DAY-LTCF                17
04 MAX VISITS IN 1 DAY-OFFICE              17
05 MAX VISITS IN 1 DAY-HOME                17
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REPORT FORMAT SAMPLE

OUTPUT NO SU-0-12

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section			
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
03	Name	Provider Name (Data Element 202)	X	
04	Number	Provider Number (Data Element 201)	X	
05	Type	Provider Type Code (Data Element 205)	X	
06	Location	Provider Location Code (Data Element 236)	X	
07	Specialty	Provider Medical Specialty (Data Element 220)	X	
08	Size	Provider Size Code (Data Element 241)		X

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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
B1	Volume Summary Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.	X	
01	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by this provider under Title XIX	X	
02	Dollars Paid-Medicaid	Total dollars paid to this provider for services rendered under Title XIX	X	
03	Dollars Paid-Medicare	Total dollars paid to this provider by Title XIX for Title XVIII coinsurance and deductible	X	
04	Total Dollars Paid Direct	Grand total dollars paid to this provider by Title XIX	X	
05	Dollars Paid-Prescribed	Total Dollars paid by Title XIX to other providers for services prescribed or ordered by this provider		X
06	Grand Total Dollars Paid	Grand total dollars paid by Title XIX for all services rendered, prescribed and ordered by this provider		X

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
07	No. Recipients Served-Medicaid	An unduplicated count of individual recipients served by this provider with primary coverage under Title XIX	X	
08	No. Recipients Served-Medicare	An unduplicated count of individual recipients served by this provider with primary coverage under Title XVIII	X	
09	Total No. Recipients Served	An unduplicated count of all individual recipients served by this provider	X	
B2	Relational Summary Section	See note for Section B1.	X	
01	Percent of Invoice Amt. Paid	(Item B1.02 ÷ Item B1.01) X 100	X	
02	Avg. Payment/Recipients-Direct	Item B1.02 ÷ Item B1.07	X	
C1	Medicaid Services Rendered Section Each of the Report Items in this section is reported for the following time periods: Current Month, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. All Report Items in this section refer to services rendered to recipient with primary coverage under Title XIX.		X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
01	No. of Medical Visits-Total	Total number of Medical Visits by this provider at all locations	X	
02	No. of Medical Visits-In Hosp.	Total number of Medical Visits by this provider at inpatient hospitals		X
03	No. of Medical Visits-Out Hosp.	Total number of Medical Visits by this provider at outpatient hospital facilities		X
04	No. of Medical Visits-LTCF	Total number of Medical Visits by this provider at long term care facilities		X
05	No. of Medical Visits-Home	Total number of Medical Visits by this provider at patients' homes		X
06	No. of Medical Visits-Office	Total number of Medical Visits by this provider at his office		X
07	Pmts. for Medical Visits-Total	Total dollars paid to this provider for Medical Visits at all locations		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
08	Pmts. for Medical Visits-In Hosp.	Total dollars paid to this provider for Medical Visits at inpatient hospitals		X
09	Pmts. for Medical Visits-Out Hosp.	Total dollars paid to this provider for Medical Visits at outpatient hospital facilities		X
10	Pmts. for Medical Visits-LTCF	Total dollars paid to this provider for Medical Visits at long term care facilities		X
11	Pmts. for Medical Visits-Home	Total dollars paid to this provider for Medical Visits at patients' homes.		X
12	Pmts. for Medical Visits-Office	Total dollars paid to this provider for Medical Visits at his office		X
13	Percent Initial Visits-Total	(Total number of Initial Medical Visits by this provider at all locations ÷ Item C1.01) X 100	X	
14	Percent Initial Visits-In Hosp.	(Total number of Initial Medical Visits by this provider at inpatient hospitals ÷ Item C1.02) X 100		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
15	Percent Initial Visits-Out Hosp.	(Total number of Initial Medical Visits by this provider at outpatient hospital facilities ÷ Item C1.03) X 100		X
16	Percent Initial Visits-LTCF	(Total number of Initial Medical Visits by this provider at long term care facilities ÷ Item C1.04) X 100		X
17	Percent Initial Visits-Home	(Total number of Initial Medical Visits by this provider at patients' homes ÷ Item C1.05) X 100		X
18	Percent Initial Visits-Office	(Total number of Initial Medical Visits by this provider at his office ÷ Item C1.06) X 100		X
19	Avg. No. Visits/Recip.-Total	Item C1.01 ÷ B1.07	X	
20	Avg. No. Visits/Recip.-In Hosp.	Item C1.02 ÷ number of individual recipients with Medical Visits by this provider at inpatient hospitals		X
21	Avg. No. Visits/Recip.-Out Hosp.	Item C1.03 ÷ number of individual recipients with Medical Visits by this provider at outpatient hospital facilities		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
22	Avg. No. Visits/Recip.-LTCF	Item C1.04 ÷ number of individual recipients with Medical Visits by this provider at long term care facilities		X
23	Avg. No. Visits/Recip.-Home	Item C1.05 ÷ number of individual recipients with Medical Visits by this provider at their homes		X
24	Avg. No. Visits/Recip.-Office	Item C1.07 ÷ number of individual recipients with Medical Visits at his office		X
25	No. of Injections-Total	Total number of Injections by this provider at all locations	X	
26	No. of Injections-Home	Total number of Injections by this provider at patients' homes		X
27	No. of Injections-Office	Total number of Injections by this provider at his office		X
28	Pmts. for Injections-Total	Total dollars paid to this provider for Injections at all locations	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT-PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
29	Pmts. for Injections-Home	Total dollars paid to this provider for Injections at patients' homes		X
30	Pmts. for Injections-Office	Total dollars paid to this provider for Injections at his office		X
31	Avg. Pmt./Injection-Total	Item C1.28 ÷ Item C1.25	X	
32	Avg. Pmt./Injection-Home	Item C1.29 ÷ Item C1.26		X
33	Avg. Pmt./Injection-Office	Item C1.30 ÷ Item C1.27		X
34	Ratio Injections/Visits Total	Item C1.25 ÷ Item C1.01	X	
35	Ratio Injections/Visits-Home	Item C1.26 ÷ Item C1.05		X
36	Ratio Injections/Visits-Office	Item C1.27 ÷ Item C1.06		X
37	No. of Surg. Proc.-Total	Total number of Surgical Procedures by this provider at all locations	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT-PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
38	No. of Surg. Proc.-In Hosp.	Total number of Surgical Procedures by this provider at inpatient hospitals		X
39	No. of Surg. Proc.-Out Hosp.	Total number of Surgical Procedures by this provider at outpatient hospital facilities		X
40	No. of Surg. Proc.-Office	Total number of Surgical Procedures by this provider at his office		X
41	Pmts. for Surgery-Total	Total dollars paid to this provider for Surgical Procedures at all locations	X	
42	Pmts. for Surgery-In Hosp.	Total dollars paid to this provider for Surgical Procedures at inpatient hospitals		X
43	Pmts. for Surgery-Out Hosp.	Total dollars paid to this provider for Surgical Procedures at outpatient hospital facilities		X
44	Pmts. for Surgery-Office	Total dollars paid to this provider for Surgical Procedures at his office		X
45	Ratio Surg. Proc./Recip.-Total	Item C1.37 ÷ Item B1.07	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR   SUMMARY PROFILE REPORT-PHYSICIAN SERVICES   SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
46	Ratio Surg. Proc./Recip.- In Hosp.	Item C1.38 ÷ Number of recipients with Surgical Procedures by this provider at inpatient hospitals		X
47	Ratio Surg. Proc./Recip.- Out Hosp.	Item C1.39 ÷ Number of recipients with Surgical Procedures by this provider at outpatient hospital facilities		X
48	Ratio Surg. Proc./Recip.- Office	Item C1.40 ÷ Number of recipients with Surgical Procedures by this provider at his office		X
49	No. Diag. Radiology Proc.	Total number of Diagnostic Radiology Procedures by this Provider	X	
50	Pmts. for Diag. Radiology Proc.	Total dollars paid to this provider for Diagnostic Radiology Procedures	X	
51	Ratio Diag. Rad. Proc./ Visits	Item C1.49 ÷ Item C1.01	X	
52	No. Diag. Lab. Proc.	Total number of Diagnostic Laboratory Procedures by this provider	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT-PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
53	Pmts. for Diag. Lab. Proc.	Total dollars paid to this provider for Diagnostic Laboratory Procedures	X	
54	Ratio Diag. Lab. Proc./ Visits	Item C1.52 ÷ C1.01	X	
55	No. Other Diag. Proc.	Total number of other specific Diagnostic Procedures	X	
56	Pmts. for Other Diag. Proc.	Total dollars paid to this provider for other specific Diagnostic Procedures	X	
57	Ratio Other Diag. Proc./ Visits	Item C1.55 ÷ Item C1.01	X	
58	No. of Consultations	Total number of Consultations by this provider	X	
59	Pmts. for Consultations	Total dollars paid to this provider for Consultations	X	
60	Avg. Pmt./Consultations	Item C1.59 ÷ Item C1.58	X	
61	No. All Other Services	Total number of all services rendered by this provider other than those itemized above	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT-PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
62	Pmts. for All Other Services	Total dollars paid for all services rendered by this provider other than those itemized above	X	
C2	Medicaid Services Ordered Section	Each of the Report Items in this section is reported for the following time periods: Current Month, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. All Report Items in this section refer to services rendered by other providers at the order or prescription of this provider, to recipients with primary coverage under Title XIX.		X
01	No. Services-Other Physicians	Total number of services rendered by other physicians		X
02	Pmts. for Svcs.-Other Physicians	Total dollars paid for services rendered by other physicians		X
03	Ratio Other Phys. Svcs./ Recip.	Item C2.01 ÷ Item B1.07		X
04	No. Services-Out Hosp.	Total number of services rendered by outpatient hospitals		X

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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT-PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
05	Pmts. for Svcs.-Out Hosp.	Total dollars paid for services rendered by outpatient hospitals		X
06	Ratio Out Hosp. Svcs./Recip.	Item C2.04 ÷ Item B1.07		X
07	No. Svcs.-Lab. & X-Ray	Total number of services rendered by independent laboratory and X-Ray organizations		X
08	Pmts. for Svcs.-Lab. & X-Ray	Total dollars paid for services rendered by independent laboratory and X-Ray organizations		X
09	Ratio Lab. & X-Ray Svcs./ Recip.	Item C2.07 ÷ Item B1.07		X
10	No. Hosp. Discharges	Total number of inpatient hospital discharges		X
11	Pmts. for In Hosp. Services	Total dollars paid for inpatient hospital services		X
12	Ratio Hosp. Dscgs./Recip.	Item C2.10 ÷ Item B1.07		X
13	Avg. Days Stay/Hosp. Dscg.	Total days of stay in hospitals ÷ Item C2.10		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT-PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
14	No. Hosp. Surg. Dscgs.	Total number of inpatient hospital discharges after surgery		X
15	Avg. Days Preop. Stay	Total days of preoperative stay in hospitals ÷ Item C2.14		X
16	No. Patients in LTCF	Total number of patients residing in long term care facilities		X
17	No. of LTCF Discharges	Total number of discharges from long term care facilities		X
18	Pmts. for LTCF Services	Total dollars paid for services of long term care facilities		X
19	Ratio LTCF Patients/Recip.	Item C2.16 ÷ Item B1.07		X
20	No. of Drug Rx Filled	Total number of Drug Prescriptions filled		X
21	Pmts. for Drug Rx	Total dollars paid for Drug Prescriptions filled		X
22	Ratio Drug Rx/Visits	Item C2.20 ÷ C1.01		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT-PHYSICIAN SERVICES SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
23	Ratio Drug Rx/Recip.	Item C2.20 ÷ B1.07		X
24	No. All Other Services Ordered	Total number of all other services rendered at the order of this provider		X
25	Pmts. for all other Services	Total dollars paid for all other services rendered at the order of this provider		X
C3	Gang Visits Section Each of the Report Items in this section is reported for the immediately preceding twelve month period and refers to services rendered to recipients with primary coverage under Title XIX.			X
01	Max. Visits in 1 Day-Total	A count of the maximum number of Medical Visits by this provider in a single day		X
02	Max. Visits in 1 Day-In Hosp.	A count of the maximum number of Medical Visits by this provider in a single day at inpatient hospitals		X
03	Max. Visits in 1 Day-LTCF	A count of the maximum number of Medical Visits at long term care facilities by this provider in a single day		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION
SUBSYSTEM S/UR SUMMARY PROFILE REPORT-PHYSICIAN SERVICES	SU-0-12

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
04	Max. Visits in 1 Day-Office	A count of the maximum number of Medical Visits by this provider at his office in a single day		X
05	Max. Visits in 1 Day-Home	A count of the maximum number of Medical Visits at patients' homes by this provider in a single day		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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OUTPUT DEFINITION

OUTPUT NAME Summary Profile Report-Inpatient Hospital Service	OUTPUT NO. SU-0-13
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Summary Profile Reporting Module Process Step U4.1	FREQUENCY Monthly MEDIA Paper/Microfilm

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2.
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	Provider Number
2.	Class Group	5.	
3.	Variable Sequency Field	6.	

PURPOSE OF OUTPUT

The Summary Profile Report-Inpatient Hospital Services presents maximum, useful utilization information on individual inpatient hospitals.

REMARKS

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RUN DATE: 08/01/71                                                                                        PAGE NO  1
                                     SUMMARY PROFILE REPORT: INPATIENT HOSPITAL SERVICES
                                       CATEGORY OF SERVICE: 25   CLASS GROUP CODE: 44
                                                  FOR MONTH OF JULY, 1971

AA  IDENTIFICATION SECTION:              NUMBER: 6024217        TYPE: 73
      NAME: MADISON COUNTY HOSPITAL      SPECIALTY: 67          SIZE: 300 BEDS
      LOCATION: 421

                                                     ------------FOR SERVICES RENDERED TO DATE AS OF:------------
         REPORT ITEM/SECTION          CLAIMS PAID      AVG.      THIS    THIS QTR     1 QTR    2 QTRS     3 QTRS    TREND  CLAIMS PAID
NO.             TITLE                 THIS MONTH      MONTH       QTR     LAST YR       AGO       AGO        AGO     RATE   FISCAL YTD

B1 VOLUME SUMMARY SECTION

01 DOLLARS INVOICED - MEDICAID          15,321       14,642    43,344     39,840    42,210    41,818     40,388  +13.401      146,319
02 DOLLARS PAID - MEDICAID              14,402       13,794    42,718*    38,564    41,704    40,704     39,675  +12.756      142,208
03 DOLLARS PAID - MEDICARE              14,203*      13,841    42,614     38,423    41,629    40,314     39,543  +12.747      138,719
04 TOTAL DOLLARS PAID                   28,605       27,635    85,332     76,987    83,333    81,018*    79,218  +12.753      280,927
05 NO. RECIP. SERVED - MEDICAID            700          683     1,814      1,514     1,745     1,634      1,504  +10.976        6,421
06 NO. RECIP. SERVED - MEDICARE            645          627     1,620      1,210     1,723     1,621      1,497  +10.741        5,984
07 TOTAL NO. RECIPIENTS SERVED           1,345        1,310     3,434      2,724     3,468     3,255      3,001  +10.845       12,405

B2 RELATIONAL SUMMARY SECTION

01 PERCENT OF INVOICE AMOUNT PAID        93.45        93.44     93.21      92.44     92.37     92.36      92.18   +1.741        93.37
02 AVERAGE PAYMENT PER RECIPIENT         24.76        24.14     23.95      21.46     20.41     20.16      19.95  +11.417        24.12

C1 SUMMARY OF SERVICES RENDERED SECTION

01 NUMBER OF ADMISSIONS                    673          635*      673        614       938       921        919  +16.694
02 NUMBER OF DISCHARGES                    621          587       621        593       876       874        872  +15.743
03 AVERAGE STAY PER DISCHARGE             5.25         5.03      5.25       4.73      4.86      4.84       4.82   +2.329
04 AVERAGE DAYS PREOP. STAY               2.74         3.01      2.74       3.14      3.04      3.02       3.01   +1.876
05 PERCENT DISCHARGES 1 DAY              10.41        10.16     10.41      10.72*    10.93     10.91      10.89   +6.894
06 PERCENT DISCHARGES 2 DAY              12.67        12.41     12.98      12.41     12.76     12.74      12.72   +7.313
07 PERCENT DISCHARGES 3-5 DAYS           34.71        35.79     34.72      35.79     36.81     36.80      36.78   +4.284
08 PERCENT DISCHARGES 6-8 DAYS           13.45        12.11     13.04      12.11     10.91     10.91      10.89   +7.893
09 PERCENT DISCHARGES 9-15 DAYS           9.71         9.84      8.76       9.84      9.84      9.82       9.78   +3.436
10 PERCENT DISCHARGES 16-30 DAYS          8.42         8.71      8.72       8.71      8.14      8.12       8.10   +0.414
11 PERCENT DISCHARGES 31 DAYS UP          6.39         5.37      6.39       5.37      4.39      4.37       4.35   +1.018
12 PERCENT DISCHARGES W/SURGERY          14.41        14.94     14.41      14.94     15.76     15.74      15.72   +2.764
13 PERCENT DISCHARGES TO NH               7.38         6.13      7.38       6.13      5.94      5.92       5.90   +1.719
14 PERCENT DISCHARGES TO HOME CARE       63.91        53.76     63.91      53.76     48.76     48.74      48.72   +8.439
15 PERCENT FRI-SAT ADMISSIONS            20.45        23.89     20.45      23.89     28.94     28.92      28.90   +7.961
16 PERCENT SUN-MON DISCHARGES            23.76        26.43     23.76      26.43     30.17     30.15      30.13   -3.746
17 AVG. NO. ANCILLARIES PER DISCHG        4.21         3.54      4.21       3.54      4.07      4.05       4.03   +8.421
18 AVG. ANCILLARY PMT PER DISCHG          4.25         3.99      4.25       3.46      3.54      3.52       3.50   +2.711
19 PERCENT PMTS FOR ANCILLARIES          33.71        29.71     33.71      29.74     30.75     30.73      30.71   +1.421
20 PERCENT ADMISSIONS PRIOR AUTH.        84.76        84.53     83.95      84.17     84.33     84.35      84.17   +0.814
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REPORT FORMAT SAMPLE

OUTPUT NO SU-O-13

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - INPATIENT HOSPITAL SERVICES SU-0-13

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group (Data Element 702)	X	
03	Name	Provider Name (Data Element 202)	X	
04	Number	Provider Number (Data Element 201)	X	
05	Type	Provider Type Code (Data Element 205)	X	
06	Location	Provider Location Code (Data Element 236)	X	
07	Specialty	Provider Medical Specialty Code (Data Element 220)	X	
08	Size	Provider Size Code (Data Element 232)		X

PAGE 1 OF 6

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - INPATIENT HOSPITAL SERVICES SU-0-13

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
B1	Volume Summary Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.	X	
01	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by this provider under Title XIX	X	
02	Dollars Paid-Medicaid	Total dollars paid to this provider for services rendered under Title XIX	X	
03	Dollars Paid-Medicare	Total dollars paid to this provider by Title XIX for Title XVIII Coinsurance and Deductible	X	
04	Total Dollars Paid	Grand total dollars paid to this provider by Title XIX	X	
05	No. Receipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by this provider	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - INPATIENT HOSPITAL SERVICES

SU-0-13

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
06	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by this provider	X	
07	Total No. Recipients Served	An unduplicated count of all individual recipients served by this provider	X	
B2	Relational Summary Section	See note for Section B1	X	
01	Percent of Invoice Amount Paid	(Item B1.02 ÷ Item B1.01) X 100	X	
02	Avg.Payment/Recipient	Item B1.02 ÷ Item B1.05	X	
C1	Summary of Services Rendered Section	Each of the Report Items in this section is reported for the following time periods: Current Montn, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. All Report Items in this section refer to services rendered with primary coverage under Title XIX.	X	

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MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - INPATIENT HOSPITAL SERVICES SU-0-13

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
01	No. of Admissions	A count of individual admissions	X	
02	No. of Discharges	A count of individual discharges	X	
03	Average Stay/Discharges	Total days of stay ÷ Item C1.02	X	
04	Average Days Preop. Stay	Total days of preoperative stay ÷ number of discharges with surgery	X	
	The days of stay ranges indicated below are variable, at state option.			
05	Percent Discharges 1 Day	(Number of discharges after 1 day ÷ Item C1.02) X 100	X	
06	Percent Discharges 2 Days	(Number of discharges after 2 days ÷ Item C1.02) X 100	X	
07	Percent Discharges 3-5 Days	(Number of discharges after 3 to 5 days÷Item C1.02)X100	X	
08	Percent Discharges 6-8 Days	(Number of discharges after 6 to 8 days÷Item C1.02)X100	X	
09	Percent Discharges 9-15 Days	(Number of discharges after 9 to 15 days÷Item C1.02)X100	X	
10	Percent Discharges 16-30 Days	(Number of discharges after 16 to 30 days ÷ Item C1.02) X 100	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - INPATIENT HOSPITAL SERVICES SU-0-13

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
11	Percent Discharges 31 Days Up	(Number of discharges after more than 30 days ÷ Item C1.02) X 100	X	
12	Percent Discharges w/surgery	(Number of discharges with surgery ÷ Item C1.02) x 100	X	
13	Percent Discharges to NH	(Number of discharges to Skilled Nursing Homes, ICF and ECF ÷ Item C1.02) X 100	X	
14	Percent Discharges to Home Care	(Number of discharges to home health care ÷ Item C1.02) X 100	X	
15	Percent Fri.-Sat. Admissions	(Number of Friday and Saturday admissions ÷ Item C1.01) X 100	X	
16	Percent Sun.-Mon. Discharges	(Number of Sunday and Monday discharges ÷ Item C1.02) X 100	X	
17	Avg. No. Ancill. Svcs./ Discharge	(Number of ancillary services rendered ÷ Item C1.02)	X	
18	Avg. Ancill. Svcs. Pmt./ Discharge	(Total dollars paid for ancillary services ÷ Item C1.02)	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - INPATIENT HOSPITAL SERVICES SU-0-13

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
19	Percent Pmts. for Ancill. Svcs.	(Total dollars paid for ancillary services ÷ Item C1.02) X 100	X	
20	Percent of Admis. Prior Auth.	(Number of admissions with prior authorization ÷ Item C1.01) X 100		X
Cx		(General Type of Service) Services Rendered Section There may be up to eight sections of this type, where x is the section number (2-9) and General Type of Service describes a grouping of service types, e.g., Medical, Pediatrics, etc. Each of these sections has the same Report Item content as Section C1. The values of each Report Item may apply only to the General Type of Service under consideration.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Summary Profile Report-Outpatient Hospital Services	OUTPUT NO. SU-0-14
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Summary Profile Reporting Module Process Step 4.1	FREQUENCY Monthly MEDIA Paper

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2.
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	Provider Number
2.	Class Group	5.	
3.	Variable Sequence Field	6.	

PURPOSE OF OUTPUT

The Summary Profile Report-Outpatient Hospital Services presents maximum, useful utilization information on individual hospital outpatient clinics within the confines of a typical hospital reimbursement system.

It is highly desirable to treat hospital outpatient clinics in the same manner as independent clinics and physician groups. If this can be done in the Claims Processing Subsystem, it will also be done in the Surveillance and Utilization Review Subsystem and this report will be replaced by a Physician Services type report.

REMARKS

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RUN DATE: 08/01/71                                                                                               PAGE NO 1
                                        SUMMARY PROFILE REPORT: OUTPATIENT HOSPITAL SERVICES
                                           CATEGORY OF SERVICE: 26    CLASS GROUP CODE: 45
                                                    FOR MONTH OF JULY, 1971


AA  IDENTIFICATION SECTION:
      NAME: MAIN STREET GENERAL HOSPITAL  NUMBER: 6024291           TYPE: 74
      LOCATION: 529                       SPECIALTY: 68             SIZE: 13 PHYSICIANS


                                                    ------------FOR SERVICES RENDERED TO DATE AS OF:------------
        REPORT ITEM/SECTION        CLAIMS PAID      AVG.       THIS   THIS QTR     1 QTR     2 QTRS     3 QTRS    TREND  CLAIMS PAID
NO.           TITLE                 THIS MONTH      MONTH        QTR    LAST YR       AGO        AGO        AGO     RATE   FISCAL YTD

B1 VOLUME SUMMARY SECTION

01 DOLLARS INVOICED - MEDICAID        15,321      14,642     43,344     39,840     42,210     41,818     40,388  +13.401      146,319
02 DOLLARS PAID - MEDICAID            14,402      13,794     42,718     38,564     41,704     40,704     39,675  +12.756      142,208
03 DOLLARS PAID - MEDICARE            14,203      13,841     42,614     38,423     41,629     40,314     39,543  +12.747      138,719
04 TOTAL DOLLARS PAID                 28,605*     27,635     85,332     76,987     83,333     81,018     79,218  +12.753      280,927
05 NO. RECIP. SERVFD - MEDICAID          700         683      1,814      1,514      1,745      1,634      1,504  +10.976        6,421
06 NO. RECIP. SERVED - MEDICARE          645         627      1,620      1,210      1,723      1,621      1,497  +10.741        5,984
07 TOTAL NO. RECIPIENTS SERVED         1,345       1,310      3,434      2,724      3,468      3,255      3,001  +10.845       12,405

B2 RFLATIONAL SUMMARY SECTION

01 PERCENT OF INVOICE AMOUNT PAID      93.45       93.44      93.21      92.44      92.37      92.36      92.18   +1.741        93.37
02 AVERAGE PAYMENT PFR RECIPIENT       24.76       24.14      23.95      21.46      20.41      20.16      19.95  +10.417*       24.12

C1 SUMMARY OF SERVICFS RENDERED SECTION

01 NO. OF SERVICES PROVIDED            1,412       1,384      1,412      1,404      1,375      1,314      1,306  +12.463
02 AVG. NO. SFRVICES PFR RECIPIENT      2.13        2.08       2.13       2.09       2.03       1.98       1.92   +0.814
03 AVG. PAYMENT PER SERVICE             9.75        9.16       9.75       9.50       9.65       9.72       9.62   +3.761
04 PERCENT SERVICES PRIOR AUTH.        84.36       84.12      84.36      84.10      84.63      83.94      83.75   +6.845
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REPORT FORMAT SAMPLE

OUTPUT NO SU-O-14

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - OUTPATIENT HOSPITAL SERVICES SU-0-14

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
03	Name	Provider Name (Data Element 202)	X	
04	Number	Provider Number (Data Element 201)	X	
05	Type	Provider Type Code (Data Element 205)	X	
06	Location	Provider Location Code (Data Element 236)	X	
07	Specialty	Provider Medical Specialty Code (Data Element 220)	X	
08	Size	Provider Size Code (Data Element 241)		X

PAGE 1 OF 4

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - OUTPATIENT HOSPITAL SERVICES SU-0-14

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
B1	Volume Summary Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.	X	
01	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by this provider under Title XIX	X	
02	Dollars Paid-Medicaid	Total dollars paid to this provider for services rendered under Title XIX	X	
03	Dollars Paid-Medicare	Total dollars paid to this provider by Title XIX for Title XVIII Coinsurance and Deductible	X	
04	Total Dollars Paid	Grand total dollars paid to this provider by Title XIX	X	
05	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by this provider	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - OUTPATIENT HOSPITAL SERVICES SU-0-14

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
06	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by this provider	X	
07	Total No. Recipients Served	An unduplicated count of all individual recipients served by this provider	X	
B2	Relational Summary Section	See note for Section B1	X	
01	Percent of Invoice Amount Paid	(Item B1.02 ÷ Item B1.01) X 100	X	
02	Avg. Payment/Recipient	Item B1.02 ÷ Item B1.05	X	
C1	Summary of Services Rendered Section	Each of the Report Items in this section is reported for the following time periods: Current Month, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. All Report Items in this section refer to services rendered to recipients with primary coverage under Title XIX.	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - OUTPATIENT HOSPITAL SERVICES SU-0-14

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
01	No. of Services Provided	A count of all specific, individual services rendered by this provider	X	
02	Avg. No. Services/Recipient	Item C1.01 ÷ Item C1.05	X	
03	Avg. Payment/Service	Item B1.02 ÷ Item C1.01	X	
04	Percent Services Prior Auth.	(Number of Services prior authorized ÷ Item C1.01)X 100		X
Cx	(General Type of Service) Services Rendered Section	There may be up to eight sections of this type, where x is the section number (2-9) and General Type of Service describes a grouping of service types, e.g., Surgery, Pharmacy, Emergency Room, etc. Each of these sections has the same Report Item content as Section C1. The values of each Report Item apply only to the General Type of Service under consideration.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Summary Profile Report-Long Term Care Facility Svcs.	OUTPUT NO. SU-0-15
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 12/03/73
SOURCE OF OUTPUT DATA Summary Profile Reporting Module	FREQUENCY Monthly MEDIA Paper/Microfilm

DISTRIBUTION

1.	Surveillance and Utilization Review Unit
2.	
3.	
4.	
5.	

SEQUENCE

1.	Category of Service	4.	Provider Number
2.	Class Group	5.	
3.	Variable Sequence Field	6.	

PURPOSE OF OUTPUT

The Summary Profile Report-Long Term Care Facility Services presents maximum, useful utilization information on the following types of institutions:

1. Skilled Nursing Facilities
2. Christian Science Sanatoria
3. Mental Institutions
4. Tuberculosis Institutions
5. Intermediate Care Facilities

REMARKS

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RUN DATE: 08/01/71                                                                                                          PAGE  NO 1
                                              SUMMARY PROFILE REPORT: LONG TERM CARE FACILITY SERVICES
                                                 CATEGORY OF SERVICE: 24   CLASS GROUP CODE: 56
                                                            FOR MONTH OF JULY, 1971

AA  IDENTIFICATION SECTION:
      NAME: HAVEN HILL NURSING HOME              NUMBER: 1476345           TYPE: 43
      LOCATION: 714                              SPECIALTY: 82             SIZE: 250 BEDS

                                                            ------------FOR SERVICES RENDERED TO DATE AS OF:------------
          REPORT ITEM/SECTION           CLAIMS PAID        AVG.       THIS   THIS QTR      1 QTR     2 QTRS     3 QTRS      TREND  CLAIMS PAID
NO.             TITLE                    THIS MONTH       MONTH        QTR    LAST YR        AGO        AGO        AGO       RATE   FISCAL YTD

B1 VOLUME SUMMARY SECTION

01 DOLLARS INVOICED - MEDICAID                4,000       3,815      4,000      3,725      3,980      3,875      3,600     +6.819       18,921
02 DOLLARS PAID - MEDICAID                    3,000       2,941      3,000      2,314      2,980      2,815      2,715     +6.621       18,123
03 DOLLARS PAID - MEDICARE                    2,000       1,975      2,000      1,415      1,908      1,720      1,500     +6.417       17,856
04 TOTAL DOLLARS PAID                         5,000       4,916      5,000      3,729      4,888      4,535      4,215     +5.959       35,979
05 NO. RECIP. SERVED - MEDICAID                  30          25         30         20         26         26         24     +7.004           35
06 NO. RECIP. SERVED - MEDICARE                  20          15        20*         15         18         16         14     +6.214           22
07 TOTAL NO. RECIPIENTS SERVED                   50          40         50         35         46         42         38     +6.875           57

B2 RELATIONAL SUMMARY SECTION

01 PERCENT OF INVOICE AMOUNT PAID             75.00       76.21      75.00      75.49      75.57      76.81      76.80     +4.851        76.81
02 AVERAGE PAYMENT PER RECIPIENT             100.00       98.25     100.00      99.45      99.98      98.17      97.50     +5.718        99.54

C1 SUMMARY OF SERVICES RENDERED SECTION

01 PERCENT RECIP. IN CATEGORY                100.00      100.00     100.00     100.00     100.00     100.00     100.00     +0.000
02 PERCENT RECIP. 001-030 DAYS                15.14       15.64      15.14      15.04      15.45      16.03      15.89     +1.414
03 PERCENT RECIP. 031-060 DAYS                16.91       16.83      16.91      16.85      17.03      17.12      16.21     +2.321*
04 PERCENT RECIP. 061-090 DAYS                17.81       17.84      17.81      17.84      18.14      17.81      18.45     +3.084
05 PERCENT RECIP. 091-120 DAYS                14.36       15.21      14.36      14.49      15.21      15.45      17.21     -2.710
06 PERCENT RECIP. 121-150 DAYS                13.95       14.04      13.95      14.41      13.12      13.10      14.21     +1.414
07 PERCENT RECIP. 151 DAYS UP                 13.82       13.95      13.82      14.38      13.10      13.10      12.02     +2.031
08 AVG. DAYS STAY PER RECIPIENT               64.91       63.14      64.91      62.21      61.95      60.54      60.17     +0.987
09 AVG. LEAVE DAYS PER RECIPIENT               3.21        3.04       3.21       4.15       4.12       4.25       4.53     +1.317
10 AVG. NO. ANCILLARIES PER RECIP              7.84        7.51       7.84       7.21       7.15       7.33       6.95     +4.751
11 PERCENT PMTS FOR ANCILLARIES               25.71       26.95      25.71      23.18      22.91      22.85      21.44     +3.921
12 PERCENT RECIP. PRIOR AUTH.                 98.44       97.81      98.44      97.16      97.18      96.95      97.10     +2.046

C2 SERVICES RENDERED TO RESIDENTS SECTION

01 PERCENT RECIP. IN CATEGORY                 90.08       89.45      90.08      91.18      92.84      91.85      92.18     +0.418
02 PERCENT RECIP. 001-030 DAYS                15.12       15.63      15.12      15.03      16.01      15.45      15.41     +4.321
03 PERCENT RECIP. 031-060 DAYS                17.91       16.82      17.91      16.86      16.35      15.85      16.17     +3.874
04 PERCENT RECIP. 061-090 DAYS                18.44       17.83      18.44      17.94      17.81      17.01      16.98     +2.761
05 PERCENT RECIP. 091-120 DAYS                14.21       14.72      14.21      14.15      14.16      14.23      14.17     +2.412
06 PERCENT RECIP. 121-150 DAYS                13.95       14.76      13.95      12.74      12.73      13.01      13.21     -3.112
07 PERCENT RECIP. 151 DAYS UP                 13.10       12.01      13.10      12.52      12.51      11.10      12.54     +0.407
08 AVG. DAYS STAY PER RECIPIENT               62.26       61.86      62.26      60.91      60.85      61.17      61.21     -0.712
09 AVG. LEAVE DAYS PER RECIPIENT               2.95        2.94       2.95       3.41       3.42       3.41       3.40     +1.418
10 AVG. NO. ANCILLARIES PER RECIP              6.84        6.81       6.84       7.26       7.25       7.24       7.21     +3.284
11 PERCENT PMTS FOR ANCILLARIES               24.72       24.71      24.72      23.21      23.20      23.41      23.40     +2.714
12 PERCENT RECIP. PRIOR AUTH.                 97.81       97.76      97.81      98.04      98.12      97.10      97.10     +4.003
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RUN DATE: 08/01/71                                                                                         PAGE NO  2
                                  SUMMARY PROFILE REPORT: LONG TERM CARE FACILITY SERVICES
                                     CATEGORY OF SERVICE: 24    CLASS GROUP CODE: 56
                                            FOR MONTH OF JULY, 1971


AA  IDENTIFICATION SECTION: (CONTINUED)
      NAME: HAVEN HILL NURSING HOME          NUMBER: 1476345


                                                    ------------FOR SERVICES RENDERED TO DATE AS OF:------------
         REPORT ITEM/SECTION         CLAIMS PAID     AVG.      THIS   THIS QTR     1 QTR    2 QTRS    3 QTRS    TREND  CLAIMS PAID
NO.             TITLE                THIS MONTH     MONTH       QTR   LAST YR       AGO       AGO       AGO     RATE   FISCAL YTD

C3 SERVICES RENDERED TO DISCHARGED SECTION

01 PERCENT RECIP. IN CATEGORY           9.73        9.26      9.73      9.81      9.46      9.81      9.75   +0.214
02 PERCENT RECIP. 001-030 DAYS         16.24       16.23     16.24     16.20     15.84     16.03     15.43   -0.317
03 PERCENT RECIP. 031-060 DAYS         21.22*      21.20     21.22     21.20     20.81     21.44     21.44   +4.872
04 PERCENT RECIP. 061-090 DAYS         23.18       22.98     23.18     23.17     22.76     22.45     23.22   +3.217
05 PERCENT RECIP. 091-120 DAYS         10.04       10.03     10.04     10.04     11.04     10.14     11.14   +3.894
06 PERCENT RECIP. 121-150 DAYS          8.17        8.21      8.17      8.18      8.17      8.46      7.16   -2.048
07 PERCENT RECIP. 151 DAYS UP           6.10        6.09      6.10      6.09      6.08      6.04      6.45   -1.714
08 AVG. DAYS STAY PER RECIPIENT        43.15       42.64     43.15     43.14     43.13     42.95     43.01   +3.821
09 AVG. LEAVE DAYS PER RECIPIENT       12.75       12.61     12.75     12.74     12.10     11.86     12.00   +2.423
10 AVG. NO. ANCILLARIES PER RECIP       4.21        4.20      4.21      4.20      4.17      3.92      4.71   +1.721
11 PERCENT PMTS FOR ANCILLARIES        26.25       26.30     26.25     26.21     26.83     25.46     25.24   +7.846
12 PERCENT RECIP. PRIOR AUTH.          93.21       98.04     98.21     98.20     98.21     98.21     96.21   +6.703
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REPORT FORMAT SAMPLE

OUTPUT NO SU-O-15

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - LONG TERM CARE FACILITY SERVICES SU-0-15

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
03	Name	Provider Name (Data Element 202)	X	
04	Number	Provider Number (Data Element 201)	X	
05	Type	Provider Type Code (Data Element 205)	X	
06	Location	Provider Location Code (Data Element 236)	X	
07	Specialty	Provider Medical Specialty Code (Data Element 220)	X	
08	Size	Provider Size Code (Data Element 232)		X

PAGE 1 OF 5

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - LONG TERM CARE FACILITY SERVICES SU-0-15

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
B1	Volume Summary Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarter, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.	X	
01	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by this provider under Title XIX	X	
02	Dollars Paid-Medicaid	Total dollars paid to this provider for services rendered under Title XIX	X	
03	Dollars Paid-Medicare	Total dollars paid to this provider by Title XIX for Title XVIII Coinsurance and Deductible	X	
04	Total Dollars Paid	Grand total dollars paid to this provider by Title XIX	X	
05	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by this provider	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - LONG TERM CARE FACILITY SERVICES SU-0-15

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
06	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by this provider	X	
07	Total No. Recipients Served	An unduplicated count of all individual recipients served by this provider	X	
B2	Relational Summary Section	See note for Section B1	X	
01	Percent of Invoice Amount	(Item B1.02 ÷ Item B1.01) X 100	X	
02	Avg. Payment/Recipient	Item B1.02 ÷ Item B1.05	X	
C1	Summary of Services Rendered Section	Each of the Report Items in this section is reported for the following time periods: Current Month, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. All Report Items in this section refer to services rendered with primary coverage under Title XIX.	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - LONG TERM CARE FACILITY SERVICES SU-0-15

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
01	Percent Recipients in Category	(Number of recipients in this patient status category ÷ Item B1.05) X 100	X	
	The days of stay ranges indicated below are variable, at state option.			
02	Percent Recipients 1-30 Days	(Number of recipients with 1 to 30 days of stay ÷ Item B1.05) X 100	X	
03	Percent Recipients 31-60 Days	(Number of recipients with 31 to 60 days of stay ÷ Item B1.05) X 100	X	
04	Percent Recipients 61-90 Days	(Number of recipients with 61 to 90 days of stay ÷ Item B1.05) X 100	X	
05	Percent Recipients 91-120 Days	(Number of recipients with 91 to 120 days of stay ÷ Item B1.05) X 100	X	
06	Percent Recipients 121-150 Days	(Number of recipients with 121 to 150 days of stay ÷ Item B1.05) X 100	X	
07	Percent Recipients 151 Days Up	(Number of recipients with 151 days of stay and over ÷ Item B1.05) X 100	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - LONG TERM CARE FACILITY SERVICES SU-0-15

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
08	Avg. Days Stay/Recipient	Total days of stay ÷ Item B1.05	X	
09	Avg. Leave Days/Recipient	Total leave days ÷ Item B1.05	X	
10	Avg. No. Ancill. Svcs. Recipient	Total number of ancillary services ÷ Item B1.05	X	
11	Percent Pmts. for Ancill. Svcs.	(Total payments for ancillary services ÷ Item B1.02) X 100	X	
12	Percent Recipient Prior Auth.	(Number of recipients receiving prior authorization for service ÷ Item B1.05) X 100		X
Cx	Services Rendered To (Patient Status Category) Section There may be three sections of this type, where x is the section number (2-4) and Patient Status Category is Resident, Discharged, or Deceased. Each of these sections has the same Report Item content as Section C1. The values of each Report Item apply only to the Patient Status Category under consideration.			X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME

Summary Profile Report-Dental Services

OUTPUT NO.

SU-0-16

SUBSYSTEM NAME

Surveillance and Utilization Review

DATE

8/1/71

SOURCE OF OUTPUT DATA

Summary Profile Reporting Module
Process Step U4.1

FREQUENCY

Monthly

MEDIA

Paper/Microfilm

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2.
3.
4.
5.

SEQUENCE

1. Category of Service
2. Class Group
3. Variable Sequence Field
4. Provider Number
5.
6.

PURPOSE OF OUTPUT

The Summary Profile Report-Dental Services presents maximum, useful utilization information on individual dentists, dental groups and dental clinics.

REMARKS

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RUN DATE: 08/01/71                                                                                                              PAGE NO  1
                                                   SUMMARY PROFILE REPORT: DENTAL SERVICES
                                                CATEGORY OF SERVICE: 23   CLASS GROUP CODE: 55
                                                           FOR MONTH OF JULY, 1971


AA  IDENTIFICATION SECTION:
      NAME: DR. FRANK P. WEATHERSBY        NUMBER: 2014771          TYPE: 31
      LOCATION: 414                        SPECIALTY: 41            SIZE:  1 DENTIST

                                                    ------------FOR SERVICES RENDERED TO DATE AS OF:------------
         REPORT ITEM/SECTION        CLAIMS PAID        AVG.       THIS   THIS QTR      1 QTR      2 QTRS      3 QTRS     TREND  CLAIMS PAID
NO.             TITLE                THIS MONTH       MONTH        QTR    LAST YR        AGO         AGO         AGO      RATE   FISCAL YTD

B1 VOLUME SUMMARY SECTION

01 DOLLARS INVOICED - MEDICAID          2,420        2,418      2,420      2,103      2,313      2,300      2,254    +3.715       25,818
02 DOLLARS PAID - MEDICAID              2,318        2,316      2,318      2,052      2,245      2,210      2,161    +3.422       25,273
03 DOLLARS PAID - MEDICARE              2,300        2,301      2,300      1,985      2,100      2,080      2,014    +3.817       24,971
04 TOTAL DOLLARS PAID                   4,618        4,617      4,618      4,037      4,345      4,290      4,175    +3.503       50,244
05 NO. RECIP. SERVED - MEDICAID           104          103        104         88        101         98         92    +2.971        1,402
06 NO. RECIP. SERVED - MEDICARE            76           74         76         50         70         60         58    +3.004          814
07 TOTAL NO. RECIPIENTS SERVED            180*         177        180        138        171        158        150    +3.001        2,216

B2 RELATIONAL SUMMARY SECTION

01 PERCENT OF INVOICE AMOUNT PAID       97.18        98.76      97.18      98.04      98.30      98.17      98.16    -1.014        98.18
02 AVERAGE PAYMENT PER RECIPIENT        21.10*       20.54      21.10      19.79      21.04      20.89      20.45    +5.716        20.21

C1 SUMMARY OF SERVICES RENDERED SECTION

01 NO. OF SERVICES PROVIDED               328          299        328        803        916        912        899    +8.421*
02 AVG. NO. SERVICES PER RECIP.          3.17         2.75       3.17       2.89       3.12       3.04       2.91    +3.761
03 AVG. PAYMENT PER SERVICE              5.89         5.08       5.89       5.21       5.81       5.72       5.56    +6.443
04 PERCENT SERVICES PRIOR AUTH.         54.76        54.18      55.41      52.71      54.72      53.14      52.87    +5.799

C2 ORTHODONTIC SERVICES RENDERED SECTION

01 NO. OF SERVICES PROVIDED               300          243        300        784        901        841        841    +7.943
02 AVG. NO. SERVICES PER RECIP.          3.17         2.73       3.17       2.81       3.11       3.08       3.04    +4.225
03 AVG. PAYMENT PER SERVICE              5.96         4.97       5.96       5.20       5.76       5.69       5.63    +5.921
04 PERCENT SERVICES PRIOR AUTH.         72.21        71.91      72.21      73.45      73.54      67.99      68.45    +6.435
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REPORT FORMAT SAMPLE

OUTPUT NO SU-0-16

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - DENTAL SERVICES SU-0-16

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
03	Name	Provider Name (Data Element 202)	X	
04	Number	Provider Number (Data Element 201)	X	
05	Type	Provider Type Code (Data Element 205)	X	
06	Location	Provider Location Code (Data Element 236)	X	
07	Specialty	Provider Dental Specialty Code (Data Element 220)	X	
08	Size	Provider Size Code (Data Element 241)		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - DENTAL SERVICES SU-0-16

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
B1	Volume Summary Section Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.		X	
01	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by this provider under Title XIX	X	
02	Dollars Paid-Medicaid	Total dollars paid to this provider for services rendered under Title XIX	X	
03	Dollars Paid-Medicare	Total dollars paid to this provider by Title XIX for Title XVIII Coinsurance and Deductible	X	
04	Total Dollars Paid	Grand total dollars paid to this provider by Title XIX	X	
05	No. Recipients Served	An unduplicated count of individual recipients with primary coverage under Title XIX served by this provider	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - DENTAL SERVICES SU-0-16

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
06	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by this provider	X	
07	Total No. Recipients Served	An unduplicated count of all individual recipients served by this provider	X	
B2	Relational Summary Section	See note for Section B1	X	
01	Percent of Invoice Amount Paid	(Item B1.02 ÷ Item B1.01) X 100	X	
02	Avg. Payment/Recipient	Item B1.02 ÷ Item B1.05	X	
C1	Summary of Services Rendered Section Each of the Report Items in this section is reported for the following time periods: Current Month, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. All Report Items in this Section refer to services rendered to recipients with primary coverage under Title XIX.		X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - DENTAL SERVICES SU-0-16

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
01	No. of Services Provided	A count of individual services rendered by this provider	X	
02	Avg. No. Services/Recipient	Item C1.01 ÷ Item B1.05	X	
03	Avg. Payment/Service	Item B1.02 ÷ Item C1.01	X	
04	Percent Services Prior Auth.	(Total number of services prior authorized ÷ Item C1.01) X 100		X
Cx	(General Type of Service) Services Rendered Section	There may be up to eight sections of this type, where x is the section number (2-9) and General Type of Service describes a grouping of service types, e.g., Exam, Extraction, etc. Each of these sections has the same Report Item content as Section C1. The values of each Report Item apply only to the General Type of Service under consideration.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Summary Profile Report-Prescribed Drugs	OUTPUT NO. SU-0-17
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Summary Profile Reporting Module Process Step U4.1	FREQUENCY Monthly MEDIA Paper/Microfilm

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2.
3.
4.
5.

SEQUENCE

1. Category of Service	4. Provider Number
2. Class Group	5.
3. Variable Sequence Field	6.

PURPOSE OF OUTPUT

The Summary Profile Report-Prescribed Drugs presents maximum, useful utilization information on individual dispensers of prescribed drugs.

REMARKS

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RUN DATE 08/01/71                                                                                                    PAGE NO  1

                                           SUMMARY PROFILE REPORT: PRESCRIBED DRUGS
                                         CATEGORY OF SERVICE: 22   CLASS GROUP CODE: 54
                                                  FOR MONTH OF JULY, 1971

AA  IDENTIFICATION SECTION:
      NAME: MIDTOWN PHARMACY                NUMBER: 7214435          TYPE: 26
      LOCATION: 314

                                                  ------------FOR SERVICES RENDERED TO DATE AS OF:------------
         REPORT ITEM/SECTION          CLAIMS PAID       AVG.       THIS   THIS QTR     1 QTR    2 QTRS     3 QTRS     TREND  CLAIMS PAID
NO.            TITLE                   THIS MONTH      MONTH        QTR    LAST YR       AGO       AGO        AGO      RATE   FISCAL YTD

B1 VOLUME SUMMARY SECTION

01 DOLLARS INVOICED - MEDICAID          2,420*      2,418      2,420      2,103      2,313     2,300      2,254    +3.715       25,818
02 DOLLARS PAID - MEDICAID              2,318       2,316      2,318      2,052      2,245     2,210      2,161    +3.422       25,273
03 DOLLARS PAID - MEDICARE              2,300       2,301      2,300      1,985      2,100     2,080      2,014    +3.817       24,971
04 TOTAL DOLLARS PAID                   4,618       4,617      4,618      4,037      4,345     4,290      4,175    +3.503       50,244
05 NO. RECIP. SERVED - MEDICAID           104         103        104         88        101        98         92    +2.971        1,402
06 NO. RECIP. SERVED - MEDICARE            76          74         76         50         70        60         58    +3.004          814
07 TOTAL NO. RECIPIENTS SERVED            180         177        180        138        171       158        150    +3.001        2,216

B2 RELATIONAL SUMMARY SECTION

01 PERCENT OF INVOICE AMOUNT PAID       97.18       98.76      97.18      98.04      98.30     98.17      98.16    -1.014        98.18
02 AVERAGE PAYMENT PER RECIPIENT        21.10*      20.54      21.10*     19.79      21.04     20.89      20.45    +5.716        20.21

C1 SUMMARY OF DRUGS DISPENSED SECTION

01 NO. OF RX FILLED                       328         299        328        803        916       912        899    +8.421
02 AVG. NO. RX PER RECIPIENT             3.17        2.75       3.17       2.89       3.12      3.04       2.91    +3.761
03 AVG. PAYMENT PER RX                   5.89        5.08       5.89       5.21       5.81      5.72       5.56    +6.443
04 PERCENT REFILL RX                    54.76       54.18      54.76      52.71      54.72     53.14      52.87    +5.799
05 PERCENT COMPOUNDED RX                17.21       17.01      17.21      18.91      17.19     16.98      16.95    +4.317
06 PERCENT OTC RX                       73.18       72.98      73.18      70.14      73.12     73.11      73.12    +7.456
07 PERCENT PMTS. FOR PROF. FEE          10.71        9.71      10.71       9.80      10.63     10.61      10.59    +0.112
08 PERCENT RX PRIOR AUTHORIZED          93.18       92.81      93.18      94.21      93.10     93.12      93.10    -0.004
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REPORT FORMAT SAMPLE

OUTPUT NO SU-O-17

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PRESCRIBED DRUGS SU-0-17

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
03	Name	Provider Name (Data Element 202)	X	
04	Number	Provider Number (Data Element 201)	X	
05	Type	Provider Type Code (Data Element 205)	X	
06	Location	Provider Location Code (Data Element 236)	X	

PAGE 1 OF 5

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PRESCRIBED DRUGS SU-0-17

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
B1	Volume Summary Section Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.			
01	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by this provider under Title XIX	X	
02	Dollars Paid-Medicaid	Total dollars paid to this provider for services rendered under Title XIX	X	
03	Dollars Paid-Medicare	Total dollars paid to this provider by Title XIX for Title XVIII Coinsurance and Deductible	X	
04	Total Dollars Paid	Grand total dollars paid to this provider by Title XIX	X	
05	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by the provider	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PRESCRIBED DRUGS SU-0-17

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
06	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by this provider	X	
07	Total No. Recipients Served	An unduplicated count of all individual recipients served by this provider	X	
B2	Relational Summary Section	See note for Section B1	X	
01	Percent of Invoice Amount Paid	(Item B1.02 ÷ Item B1.01) X 100	X	
02	Avg. Payment/Recipient	Item B1.02 ÷ Item B1.05	X	
C1	Summary of Services Rendered Section	Each of the Report Items in this section is reported for the following time periods: Current Month, on a Date Paid basis; Average Month of the past twelve months. Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. All Report Items in this section refer to services rendered to recipients with primary coverage under title XIX.	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PRESCRIBED DRUGS SU-0-17

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
01	No. of Rx Filled	A count of individual prescriptions filled by this provider	X	
02	Avg.No. Rx/Recipient	Item C1.01 ÷ Item B1.05	X	
03	Avg.Payment/Rx	Item B1.02 ÷ Item C1.01	X	
04	Percent Refill Rx	(Total number of refill prescriptions ÷ Item C1.01) X 100	X	
05	Percent Compounded Rx	(Total number of compounded prescriptions ÷ Item C1.01) X 100	X	
06	Percent OTC Rx	(Total number of over-the-counter prescriptions ÷ Item C1.01) X 100	X	
07	Percent Pmts. for Prof. Fee	(Total payments for professional fees ÷ Item B1.02) X 100	X	
08	Percent Rx Prior Authorized	(Total number of prescriptions prior authorized ÷ Item C1.01) X 100	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - PRESCRIBED DRUGS SU-0-17

ITEM NO.	ITEM NAME / ITEM DESCRIPTION	MINIMAL	RECOMMENDED
Cx	(General Drug Category) Drugs-Dispensed Section There may be up to eight sections of this type, where x is the section number (2-9) and General Drug Category described a grouping of drugs, e.g., antibiotic, narcotic, etc. Each of these sections has the same Report Item content as Section C1. The values of each Report Item apply only to the General Drug Category under consideration.		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Summary Profile Report-Other Providers	OUTPUT NO. SU-0-18
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Summary Profile Reporting Module Process Step U4.1	FREQUENCY Monthly MEDIA Paper/Microfilm

DISTRIBUTION

1.	Surveillance and Utilization Review Unit
2.	
3.	
4.	
5.	

SEQUENCE

1.	Category of Service	4.	Provider Number
2.	Class Group	5.	
3.	Variable Sequence Field	6.	

PURPOSE OF OUTPUT

The Summary Profile Report-Other Providers presents maximum, useful utilization information on individual providers of types not covered by a specialized Summary Profile Report.

REMARKS

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RUN DATE: 08/01/71                                                                                                  PAGE NO  1

                                              SUMMARY PROFILE REPORT: OTHER PROVIDERS
                                         CATEGORY OF SERVICE: 21    CLASS GROUP CODE: 43
                                                  FOR MONTH OF JULY, 1971

AA  IDENTIFICATION SECTION:
      NAME: CENTRAL PATHOLOGY LAB          NUMBER: 3416685          TYPE: 21
      LOCATION: 208                        SPECIALTY: 54            SIZE:    54 EMPLOYEES

                                                     ------------FOR SERVICES RENDERED TO DATE AS OF:------------
       REPORT ITEM/SECTION            CLAIMS PAID       AVG.        THIS    THIS QTR     1 QTR     2 QTRS     3 QTRS     TREND  CLAIMS PAID
NO.           TITLE                    THIS MONTH      MONTH         QTR     LAST YR       AGO        AGO        AGO      RATE   FISCAL YTD

B1 VOLUME SUMMARY SECTION

01 DOLLARS INVOICED - MEDICAID          14,321*       9,176       14,321     28,140    33,191     32,322     29,476  +17.333*       37,944
02 DOLLARS PAID - MEDICAID              12,423*       8,714       12,423     26,981    28,403     27,141     26,200  +16.875*       35,121
03 DOLLARS PAID - MEDICARE               1,166          821        1,166      1,750     2,701      2,300      1,975  +12.041        10,076
04 TOTAL DOLLARS PAID                   13,589        9,535       13,589     27,731    31,104     29,441     28,175   +8.774        45,197
05 NO. RECIP. SERVED - MEDICAID            408          348          408        284       384        352        319   +7.123         3,412
06 NO. RECIP. SERVED - MEDICARE             37           22           37         32        35         33         32   +8.421           217
07 TOTAL NO. RECIPIENTS SERVED             445          370          445        316       419        385        351   +7.425         3,629

B2 RELATIONAL SUMMARY SECTION

01 PERCENT OF INVOICE AMOUNT PAID        93.76        94.43        93.76      93.87     94.11      94.17      94.14   +0.415         93.47
02 AVERAGE PAYMENT PER RECIPIENT         48.26        44.21        48.26      44.79     47.98      47.16      46.73   +9.726         44.21

C1 MEDICAID SERVICES RENDERED SECTION

01 NO. OF SERVICES PROVIDED                938          721*         938      1,471     1,413      1,320      1,189   +6.114
02 AVG. NO. SERVICES PER RECIP.           2.34         1.87         2.34       1.76      2.21       2.04       1.93   +5.274
03 AVG. PAYMENT PER SERVICE              23.68        19.45        23.68      20.87     22.75      22.16      21.45   +4.983
04 PERCENT SERVICES PRIOR AUTH.          98.61        98.60        98.61      98.71     98.68      98.62      98.59   +0.017
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REPORT FORMAT SAMPLE

OUTPUT NO SU-O-18

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - OTHER PROVIDERS SU-0-18

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
03	Name	Provider Name (Data Element 202)	X	
04	Number	Provider Number (Data Element 201)	X	
05	Type	Provider Type Code (Data Element 205)	X	
06	Location	Provider Location Code (Data Element 236)	X	
07	Specialty	Provider Medical Specialty Code (Data Element 220)	X	
08	Size	Provider Size Code (Data Element 241)		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM GENERAL DESIGN DOCUMENTATION	REPORT ITEM DESCRIPTION
SUBSYSTEM S/UR SUMMARY PROFILE REPORT - OTHER PROVIDERS	SU-0-18

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
B1	Volume Summary Section	Each of the Report Items in this section is reported for the following time periods: Current Month and Fiscal Year to Date, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item.	X	
01	Dollars Invoiced-Medicaid	Total dollars invoiced for services rendered by this provider under Title XIX	X	
02	Dollars Paid-Medicaid	Total dollars paid to this provider for services rendered under Title XIX	X	
03	Dollars Paid-Medicare	Total dollars paid to this provider by Title XIX for Title XVIII Coinsurance and Deductible	X	
04	Total Dollars Paid	Grand total dollars paid to this provider by Title XIX	X	
05	No. Recipients Served-Medicaid	An unduplicated count of individual recipients with primary coverage under Title XIX served by this provider	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - OTHER PROVIDERS SU-0-18

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
06	No. Recipients Served-Medicare	An unduplicated count of individual recipients with primary coverage under Title XVIII served by this provider	X	
07	Total No. Recipients Served	An unduplicated count of all individual recipients served by this provider	X	
B2	Relational Summary Section	See note for Section B1	X	
01	Percent of Invoice Amount Paid	(Item B1.02 ÷ Item B1.01) X 100	X	
02	Avg.Payment/Recipient	Item B1.02 ÷ Item B1.05	X	
C1	Summary of Services Rendered Section Each of the Report Items in this section is reported for the following time periods: Current Month, on a Date Paid basis; Average Month of the past twelve months, Current Quarter to Date, and each of the past four quarters, all on a Date of Service basis. A Trend Line Rate of Change value covering the last fifteen months is also reported for each Report Item. All Report Items in this section refer to services rendered to recipients with primary coverage under Title XIX.		X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR SUMMARY PROFILE REPORT - OTHER PROVIDERS SU-0-18

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
01	No. of Services Provided	A count of all specific, individual services rendered by this provider	X	
02	Avg. No. Services/Recipient	Item C1.01 ÷ Item B1.05	X	
03	Avg. Payment/Service	Item B1.02 ÷ Item C1.01	X	
04	Percent Services Prior Auth.	(Number of services prior authorized - Item C1.01) X 100		X

TREATMENT ANALYSIS REPORTS

Purpose

The Treatment Analysis Reports are available on an exception reporting basis or on an selection by request basis. These reports are intended to reveal deficiencies in level and quality of care, by presenting a statistical profile of diagnosis-treatment interactions in the services provided by physicians and inpatient hospitals. The data base which supports these reports is maintained for a running twelve month period.

Characteristics

a. The reports are produced quarterly.

b. Reports for excepted and selected providers are printed by the computer; reports for all providers are recorded on microfilm.

c. Of the complete set of Report Items described for each report, only those preselected by the user are printed.

d. Each Report Item causing an individual provider to be excepted is identified by an asterisk placed to the right of the excepted value of that item.

e. Individual providers may be flagged so that their treatment analysis profiles will be produced on a regular basis.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Treatment Analysis Report-Physician Services	OUTPUT NO. SU-0-19
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

SOURCE OF OUTPUT DATA Treatment Analysis Reporting Module Process Step U6.1	FREQUENCY Quarterly MEDIA Paper/Microfilm

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2.
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	Provider Number
2.	Class Group	5.	Diagnosis Code
3.	Variable Sequence Field	6.	

PURPOSE OF OUTPUT

The Treatment Analysis Report-Physician Services presents a statistical profile of treatment rendered by individual physicians in response to individual diagnoses. The report is intended to reveal, to the extent possible, deficiencies in the level and quality of care being delivered to Medicaid recipients.

REMARKS

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RUN DATE: 08/01/71                                                                                                              PAGE NO  1
                                                   TREATMENT ANALYSIS REPORT: PHYSICIAN SERVICES

AA  IDENTIFICATION SECTION:
      NAME: DR. EDWARD L. JOHNSON               NUMBER: 1234567            TYPE: 43                   CATEGORY OF SERVICE: 21
      LOCATION: 321                             SPECIALTY: 46              SIZE:  1 PHYSICIAN         CLASS GROUP CODE: 49

---------------------------- DIAGNOSIS CODE: 15            AGE GROUP: UNDER 21 ------------------------------------------

             NO. OF     NO. OF     AVG SVC/     NO. DIFF.     NO. OF      AVG RX/    NO. DIFF.    NO. OF     RATIO DSCH/     AVG STAY/
             RECIP.     SERV.       RECIP       SERVICES     DRUG RX      RECIP      DRUGS      DSCHRGS       RECIP.        DSCHRG

  -SUMMARY-    46        129         3.50          13          150*        6.50       26           39          0.417*          4.50


             CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ

  PROCEDURE  1234   15     2345   10     3456   10     4567   15     5678   20     6789   14     7890   20     8901   25
             9012   20     9046   15     9123   15     9234   20     9345   15     9456   16     9678   15

    DRUG    GEN425  10    GEN426  10    GEN512  10    GEN513  15    GEN703  10    GEN761  10    MED004  10    MED005  16
            MED123  15    MED678  15    MED789  15    MED890  10
---------------------------- DIAGNOSIS CODE: 15            AGE GROUP: 21 AND OVER ---------------------------------------

             NO. OF     NO. OF     AVG SVC/     NO. DIFF.     NO. OF      AVG RX/    NO. DIFF.    NO. OF     RATIO DSCH/     AVG STAY/
             RECIP.     SERV.       RECIP       SERVICES     DRUG RX      RECIP      DRUGS      DSCHRGS       RECIP.        DSCHRG

  -SUMMARY-    29        142         6.85          12          161         9.83*      13           10          0.835           6.50


             CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ    CODE  FREQ

  PROCEDURE  1234   10     2345   16     3456   17     4567   18     5678   19     6789   20     7890   21     8910   22
             9123   16     9234   20     9345   20     9456   21     9678   21     9789   14

    DRUG    GEN123  10    GEN234  10    GEN345  10    GEN456  10    GEN678  10    GEN789  10    GEN890  20    MED123  14
            MED234  14    MED456  16    MED567  17    MED678  18    MED789  19    MED890  20
```

REPORT FORMAT SAMPLE

OUTPUT NO SU-0-19

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR TREATMENT ANALYSIS REPORT - PHYSICIAN SERVICES SU-0-19

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
03	Name	Provider Name (Data Element 202)	X	
04	Number	Provider Number (Data Element 303)	X	
05	Type	Provider Type Code (Data Element 205)	X	
06	Location	Provider Location Code (Data Element 236)	X	
07	Specialty	Provider Medical Specialty (Data Element 220)	X	
08	Size	Provider Size Code (Data Element 241)		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR TREATMENT ANALYSIS REPORT - PHYSICIAN SERVICES SU-0-19

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
Bxx	Diagnosis Code Summary Section Each of the Report Items in this section refers to services rendered to recipients with primary coverage under Title XIX. The section is repeated once for each diagnosis code reported during the last twelve month period by the individual provider under consideration. Within each diagnosis code section there may be up to five additional interations by age group for all Report Items listed below. The values of all Report Items reflect twelve months of activity.		X	
01	Diagnosis Code	Data Element 306	X	
02	Age Group Code	Data Element 706		X
03	Number of Recipients	An unduplicated count of recipients for whom this diagnosis was reported	X	
04	Number of Services	A count of services provided in response to this diagnosis code	X	
05	Avg.No.Svcs./Recipient	Item Bxx.04 ÷ Item Bxx.03	X	
06	No. of Different Procedures	An unduplicated count of individual procedures rendered in response to this diagnosis code	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UT TREATMENT ANALYSIS REPORT - PHYSICIAN SERVICES SU-0-19

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
07	Number of Drug Rx	A count of drug prescriptions filled in response to this diagnosis code		X
08	Avg.No.Drug Rx/Recipient	Item Bxx.07 ÷ Item Bxx.03		X
09	No. of Different Drugs	An unduplicated count of individual drugs prescribed in response to this diagnosis code		X
10	No. of Hospital Discharges	A count of inpatient hospital discharges under this diagnosis code		X
11	Ratio Discharges/Recipients	Item Bxx.10 ÷ Item Bxx.03		X
12	Avg. Days of Hospital Stay	Total number of days stay in inpatient hospitals ÷ Item Bxx.10		X
13	Procedure Code	Data Element 500 (This item occurs once for each individual procedure applied for this diagnosis)		X
14	Frequency of Procedure	Total number of times this procedure was applied for this diagnosis (This item occurs jointly with Procedure Code)		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR TREATMENT ANALYSIS REPORT - PHYSICIAN SERVICES SU-0-19

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
15	Drug Code	Data Element 501 (This item occurs once for each individual drug prescribed for this diagnosis)		X
16	Frequency of Drug	Total number of times this drug was prescribed for this diagnosis (This item occurs jointly with Drug Code)		X

PAGE 4 OF 4

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Treatment Analysis Report-Inpatient Hospital Services	OUTPUT NO. SU-0-20
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Treatment Analysis Reporting Module Process Step U6.1	FREQUENCY Quarterly MEDIA Paper/Microfilm

DISTRIBUTION

1. Surveillance and Utilization Review Unit
2.
3.
4.
5.

SEQUENCE

1.	Category of Service	4.	Provider Number
2.	Class Group	5.	Diagnosis Code
3.	Variable Sequence Field	6.	

PURPOSE OF OUTPUT

The Treatment Analysis Report-Inpatient Hospital Services presents a statistical profile of services rendered by individual inpatient hospitals in response to individual diagnoses. The report is intended to reveal, to the extent possible, deficiencies in the level and quality of care being delivered to Medicaid recipients.

REMARKS

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RUN DATE: 08/01/71                                                                                                PAGE NO  1
                                       TREATMENT ANALYSIS REPORT: INPATIENT HOSPITAL SERVICES

AA  IDENTIFICATION SECTION:
      NAME: DAVIS MEMORIAL HOSPITAL          NUMBER: 7654321           TYPE: 43                  CATEGORY OF SERVICE: 49
      LOCATION: 321                          SPECIALTY: 48             SIZE: 250 BEDS            CLASS GROUP CODE: 10

---------------------------- DIAGNOSIS CODE: 49            AGE GROUP: UNDER 21 ----------------------------------------

                NO. SURG.         NO. NON-SURG        AVG STAY/      AVG STAY/          AVG NO. ANC SVCS/       AVG NO. ANC SVCS/
                 DSCHRGS           DISCHARGES         SURG DSCH   NON-SURG DSCH         SURGICAL DISCHARGE      NON-SURG DISCHARGE

 -SUMMARY-         36                 34                 4.21         3.76                   43.74*                  39.64

                CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ

  ANCILLARY     1234   10       1246   10       2345   15       3456   10       4567   10       5678   20       6789   10       8181   10
                8123   15       7123   10       6543   10       3564   20       4678   20       5789   25       7890   20       9456   21
                8234   20       7234   15       6456   20       3883   25       7789   30       5812   30       8943   30

---------------------------- DIAGNOSIS CODE: 51            AGE GROUP: 21 AND OVER -------------------------------------

                NO. SURG.         NO. NON-SURG        AVG STAY/      AVG STAY/          AVG NO. ANC SVCS/       AVG NO. ANC SVCS/
                 DSCHRGS           DISCHARGES         SURG DSCH   NON-SURG DSCH         SURGICAL DISCHARGE      NON-SURG DISCHARGE

 -SUMMARY-         29*                36                 3.75         4.21                   42.73                   41.75

                CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ      CODE  FREQ

  ANCILLARY     1234   10       2233   16       3123   10       5656   10       2323   10       9898   20       4567   10       4599   20
                2222   15       3344   20       4123   20       6767   15       3434   20       9797   30       5678   20       4580   30
                3333   20       4455   26       5123   30       7878   20       4545   30       7979   40       8901   30       4631   40
```

REPORT SAMPLE FORMAT

OUTPUT NO SU-O-20

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR TREATMENT ANALYSIS REPORT - INPATIENT HOSPITAL SERVICES SU-0-20

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
AA	Identification Section		X	
01	Category of Service	Category of Service Code (Data Element 301)	X	
02	Class Group	Class Group Code (Data Element 702)	X	
03	Name	Provider Name (Data Element 202)	X	
04	Number	Provider Number (Data Element 303)	X	
05	Type	Provider Type Code (Data Element 205)	X	
06	Location	Provider Location Code (Data Element 236)	X	
07	Specialty	Provider Medical Specialty (Data Element 220)	X	
08	Size	Provider Size Code (Data Element 232)		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR TREATMENT ANALYSIS REPORT - INPATIENT HOSPITAL SERVICES SU-0-20

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
Bxx	Diagnosis Code Summary Section	Each of the Report Items in this section refers to services rendered to recipients with primary coverage under Title XIX. The Section is repeated once for each diagnosis code reported during the last twelve month period by the individual provider under consideration. Within each diagnosis code section there may be up to five additional interations by age group for all Report Items listed below. The values of all Report Items refelct twelve months of activity.	X	
01	Diagnosis Code	Diagnosis Code (Data Element 306)	X	
02	Age Group Code	Age Group Code (Data Element 706)		X
03	No. of Surgical Discharges	A count of discharges after surgery for this diagnosis code	X	
04	No. of Non-Surgical Discharges	A count of discharges with no surgery involved, for this diagnosis code	X	
05	Avg.Stay/Surgical Discg.	Total number of days of stay prior to discharges after surgery ÷ Item Bxx.03	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

REPORT ITEM DESCRIPTION

SUBSYSTEM S/UR TREATMENT ANALYSIS REPORT - INPATIENT HOSPITAL SERVICES SU-0-20

ITEM NO.	ITEM NAME	ITEM DESCRIPTION	MINIMAL	RECOMMENDED
06	Avg. Stay/Non Surgical Discg.	Total number of days of stay prior to discharges not involving surgery ÷ Item Bxx.04	X	
07	Avg. Ancill. Svcs./ Surg. Discg.	Total number of ancillary services for stays involving surgery ÷ Item Bxx.03	X	
08	Avg. Ancill. Svcs./ Non-Surg. Discg.	Total number of ancillary services for non-surgical stays ÷ Item Bxx.04	X	
09	Ancillary Service Code	Data Element 500 (This item occurs once for each individual ancillary service provided for this diagnosis)		X
10	Frequency of Ancillary Service	Total number of times this ancillary service was provided for this diagnosis (This item occurs jointly with Ancillary Service Code)		X

SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM

CLAIM DETAIL REPORT

Purpose

The Claim Detail Report is provided to give the user access to information from selected paid claims for selected providers and recipients in order to support investigation of suspected misutilizers identified by Summary Profile Reports and/or Treatment Analysis Reports.

Characteristics

a. The Claim Detail Report is available on request.

b. Periodically, all claims paid to date, are organized in print format and recorded on microfilm in order to provide a permanent historical reference.

c. Claims may be selected by Provider Number, Recipient Identification Number, Category of Service, Date(s) of Service, Diagnosis Code, and Procedure Code, separately or in any combination.

d. Individual providers and recipients may be flagged so that a full or partial listing of their claims history will be produced on a regular basis.

e. Claim Detail for providers is printed in seven different formats, corresponding to the seven general categories of service defined for the Summary Profile Reports. Claim Detail for recipients is printed in the same seven formats with recipient identification data replaced by provider identification data. The specific Data Element content of each format, together with the source of such data for the Claims History File is defined herein by use of a Data Element Distribution Matrix.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Claim Detail Report	OUTPUT NO. SU-0-21
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Claim Detail Reporting Module Process Step U8.1	FREQUENCY As required MEDIA Paper/Microfilm

DISTRIBUTION

1.	Surveillance and Utilization Review Unit
2.	
3.	
4.	
5.	

SEQUENCE *

1.	Provider Number	4.	Beginning Date of Service
2.	Category of Service	5.	
3.	Recipient I.D. Number	6.	

PURPOSE OF OUTPUT

The Claim Detail Report presents a detailed listing of selected paid claims for selected providers and recipients.

REMARKS *For recipients the sequence is:

1. Recipient I.D. Number
2. Category of Service
3. Beginning Date of Service
4. Provider Number

```
RUN DATE: 08/01/71                                                                                            PAGE NO  1
                                         C L A I M   D E T A I L   R E P O R T

   IDENTIFICATION SECTION:
     NAME: DR. JOHN W. COLLINGWOOD         NUMBER: 4712334          TYPE: 23
     LOCATION: 417                         SPECIALTY: 48            SIZE:  1 PHYSICIAN

                                       -------------CATEGORY OF SERVICE: 18--------------

 RECIPIENT     TRANSACTION    TRAN   REFER.    RECIP  RECIP   DATE      SERVICE   DIAG   PROC    NO. OF     DOLLARS    DOLLARS  PLACE OF
  NUMBER      CONTROL NO.     CODE   PHYS NO    SEX    AGE    PAID       DATE     CODE   CODE    SERV.     INVOICED     PAID    SERVICE

456-32-1714    12345-67890     10    4712335     F     42   05/01/71   04/15/71    14    4895      1         14.25      14.25      10
                                                                       04/16/71    12    4896      2         10.00       8.00      10
                                                                       04/18/71    14    4893      1         15.00      12.00      10
               23456-67321     10    4712335     F     42   06/01/71   05/12/71    12    4895      1         10.00       8.00      10
               08415-68445     10    4712335     F     42   07/01/71   06/08/71    14    4893      2         15.00      12.00
                                                                                                          RECIP TOT     54.25

457-18-8095    37456-21214     20    8140576     M     38   05/15/71   04/10/71    83    2145      1         25.00      20.00      15
               28954-18213     10    8140576     M     38   05/30/71   04/28/71    83    2145      1         25.00      20.00      15
                                                                                                          RECIP TOT     40.00

                                                                                                           SERV TOT     94.25

                                       -------------CATEGORY OF SERVICE: 19--------------

 RECIPIENT    TRANSACTION   TRAN  PRESCRB      DATE        DATE     PRESCRP      DRUG   DIAG   RE-   DRUG   BOOK  DAYS     TOTAL   DRG AMT FEE AMT
  NUMBER      CONTROL NO.   CODE  PHYS NO   DISPENSED      PAID     NUMBER       CODE   CODE   FILL  QNTY   COST  SUPP     INVCD     PAID    PAID

281-46-1895   87654-12345    10   7614234   04/15/71    04/30/71   135-421    GEN1234   41     0     445   7.50   7       10.25      6.00    3.00
              12345-67894    10   2457214   04/18/71    04/30/71   135-826    GEN4321   39     1     500   5.00   3        8.00      5.00    3.00
              65659-23345    10   3218485   04/21/71    04/30/71   136-291    BI04765   41     0     600   8.00   6        9.00      8.00    3.00
                                                                                                          RECIP TOT      19.00    9.00

                                                                                                           SERV TOT      19.00    9.00

                                                                                                           PROV TOT     300.25    9.00
```

REPORT FORMAT SAMPLE

OUTPUT NO SU-0-21

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RUN DATE: 08/01/71                                                                                      PAGE NO  2
                                        C L A I M   D E T A I L   R E P O R T

   IDENTIFICATION SECTION:
     NAME: BROOKVIEW GENERAL HOSPITAL     NUMBER: 2834761          TYPE: 91
     LOCATION: 408                        SPECIALTY: 48            SIZE: 300 BEDS

                                    -------------CATEGORY OF SERVICE: 46--------------

 RECIPIENT   TRANSACTION  TRAN   ADMSN     DSCHRG   DIAG  PROC  ATTEND.  PAT   COV.   RECIP. NO ANC  TOTAL  % INV     TOTAL     DATE
  NUMBER     CONTROL NO.  CODE   DATE       DATE    CODE  CODE  PHYS NO  STAT  DAYS  AGE SEX  SERV.  INVCD  ANC.       PAID     PAID

123-21-4567  18764-56789   10  04/01/71  04/30/71    49   3685  1234567   A     60    46  M    13   250.00  46.54    240.00  05/01/71
             18245-99443   10  04/01/71  04/31/71    48   3845  7632114   A     60    46  M     7    56.00  25.00     56.00  05/15/71
             17361-12345   10  04/04/71  05/15/71    50   3600  1234567   A     60    46  M     3    80.00  30.00     80.00  05/30/71
                                                                                                   RECIP TOT     376.00

321-14-1234  43210-43210   10  03/20/71  03/30/71    36   4105  3312345   B     30    65  F    10    70.00  10.00     70.00  05/30/71
             98765-12345   10  03/30/71  04/20/71    35   4108  8212467   B     30    65  F    12    90.00  15.00     90.00  06/30/71
                                                                                                   RECIP TOT     160.00

                                                                                                    SERV TOT     575.00

                                                                                                    PROV TOT     804.21
```

REPORT FORMAT SAMPLE

OUTPUT NO SU-O-21

```
RUN DATE: 08/01/71                                                                                                         PAGE NO  3
                                               C L A I M   D E T A I L   R E P O R T

    IDENTIFICATION SECTION:
      NAME: SAINT JOSEPH INFIRMARY        NUMBER: 8912345          TYPE: 44
      LOCATION: 319                       SPECIALTY: 76            SIZE: 25 PHYSICIANS

                                        -------------CATEGORY OF SERVICE: 21--------------

 RECIPIENT   TRANSACTION    TRAN   REFER.   RECIP.     DATE      SERVICE   DIAG   PROC   NO. OF     DOLLARS     DOLLARS
  NUMBER     CONTROL NO.    CODE   PHYS NO AGE SEX     PAID       DATE     CODE   CODE    SERV.     INVOICED      PAID

123-45-6789  12345-67890     10    1234567   26  M   05/01/71   04/06/71    24    8741       1        25.75       25.75
                                                                04/08/71    23    8740       2        30.00       30.00
                                                                04/09/71    25    8742       1        30.00       30.00
             21213-45678     10    1234567   26  M   05/01/71   04/15/71    23    8740       2        40.00       35.00
                                                                                                      RECIP TOT  120.75

234-56-7890  34567-89012     10    8123456   45  F   05/01/71   03/01/71    82    1234       3        60.00       60.00
             45678-90123     10    8123456   45  F   05/01/71   03/02/71    82    1234       3        60.00       60.00
             56789-01234     20    8123456   45  F   05/01/71   03/03/71    81    1234       1        20.00       20.00
             67890-12345     10    7623891   45  F   05/01/71   03/04/71    82    1234       1        20.00       20.00
                                                                                                      RECIP TOT  160.00

                                                                                                       SERV TOT  354.00

                                                                                                       PROV TOT  800.00
```

REPORT SAMPLE FORMAT

OUTPUT NO SU-0-21

PAGE 1 OF 1

MODEL TITLE XIX
MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

DATA ELEMENT
DISTRIBUTION MATRIX

OUTPUT

SUBSYSTEM NAME

Surveillance and Utilization Review

Claim Detail Report
Data Element Distribution
by Format

ELEMENT NUMBER	DATA ELEMENT NAME	Physicain Services	Inpatient Hospital Services	Outpatient Hospital Services	Long Term Care Facility Services	Dental Services	Prescribed Drugs	Other Providers	Recipients
	Identification Data								
202	Provider Name	X	X	X	X	X	X	X	
103	Recipient Name								X
201	Provider Number	X	X	X	X	X	X	X	
101	Recipient ID Number								X
205	Provider Type	X	X	X	X	X	X	X	
236	Provider Location Code	X	X	X	X	X	X	X	
133	Recipient Location Code								X
220	Provider Specialty Code	X	X	X	X	X	X	X	
232/241	Provider Size	X	X	X	X	X	X	X	
109	Recipient Aid Category								X
106	Recipient Race Code								X
107	Recipient Sex Code								X
105	Recipient Date of Birth								X
117	Money Payment Code								X
113	Third Party Liability Code								X
110	Eligibility Begin Date								X
111	Eligibility End Date								X
301	Category of Service	X	X	X	X	X	X	X	X
118	Medicare Type Code								X
	Claim Detail Data								
101	Recipient ID Number	X	X	X	X	X	X	X	
201	Provider Number								X
300	Transaction Control Number	X	X	X	X	X	X	X	X
302	Transaction Code	X	X	X	X	X	X	X	X
105	Recipient Age	X	X	X	X	X	X	X	X
106	Recipient Sex	X	X	X	X	X	X	X	X
303	Attending Physician Number		X	X	X				X
304	Referring Physician Number	X		X		X		X	X
306	Primary Diagnosis Code	X	X	X	X	X	X	X	X
307	Secondary Diagnosis Code	X	X	X	X	X	X	X	X
311	Admission Date		X		X				X
312	Beginning Date of Service	X	X	X	X	X	X	X	X
313	Ending Date of Service		X		X				X
500	Procedure Code	X	X	X	X	X		X	X
501	Drug Code						X		X
315	Refill Indicator						X		X
349	Payment Amount	X	X	X	X	X	X	X	X
316	Patient Status		X		X				X
317	Discharged Patient's Destination		X		X				X
322	Procedure Charge	X	X	X	X	X		X	X
323	Drug Charge						X		X
305	Prescribing Physician Number						X		X
314	Place of Service	X							X
327	Units of Service	X	X	X	X	X	X	X	X
376	Payment Date	X	X	X	X	X	X	X	X
378	Date of Surgery		X						X
379	Leave Days				X				X
386	Prescription Number						X		X
380	Allowable Procedure Payment						X		X
503	Days of Supply						X		X
321	Total Claim Charge						X		X
381	Professional Fee						X		X

REQUESTED SPECIAL REPORTS

Purpose

Requested Special Reports are available to satisfy requirements for information obtainable from paid claims which are not covered by standard reports.

Characteristics

a. Requested Special Reports are produced as required.

b. All data contained in the Claims History File is available for use in creating special reports.

c. Report format may be specified by the user.

d. Detailed and/or summary data may be reported.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Requested Special Reports	OUTPUT NO. SU-0-22
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Special Report Writer Module Process Step U9.7	FREQUENCY As required MEDIA Paper

DISTRIBUTION

1.	Surveillance and Utilization Review Unit
2.	
3.	
4.	
5.	

SEQUENCE

1.	Variable	4.
2.		5.
3.		6.

PURPOSE OF OUTPUT

Requested Special Reports are available to satisfy information requirements not covered by standard S/UR reports. Any data contained in the Claims History File may be selected, sequenced, summarized and used for computation in order to produce the desired special report.

REMARKS

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

OUTPUT DEFINITION

OUTPUT NAME Corrective Action Report	OUTPUT NO. SU-O-23
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SOURCE OF OUTPUT DATA Investigation and Action Module Process Step U10.4, U10.7.	FREQUENCY As required MEDIA Paper

DISTRIBUTION

1.	Administrative Management
2.	Investigation and Action File
3.	
4.	
5.	

SEQUENCE

1.	Not applicable	4.
2.		5.
3.		6.

PURPOSE OF OUTPUT

The Corrective Report is produced manually by the Surveillance and Utilization Review Unit to inform management of action taken to correct misutilization of the Medicaid Program by providers and recipients.

REMARKS

The content of this report will vary according to the type of misutilization and corrective action involved.

E. SUBSYSTEM INPUTS

The Surveillance and Utilization Review Subsystem receives the inputs listed below. The purpose and source of each input are presented on an Input Definition Sheet. This sheet is followed by an Input Description Form that indicates the data elements that are introduced into the subsystem by means of this input. The designation of "minimal" for a data element indicates a data element that is deemed essential in order for the overall system to function properly and in accordance with existing Federal policies and regulations. The designation of "recommemded" for a data element specifies a data element that is deemed highly desirable from the standpoint of insuring effective surveillance and utilization review activities. Definitions for all data elements and, where applicable, a recommended coding structure can be found in the Appendix.

Input Number	Input Name	Page Number
SU-I-01	Provider Class Grouping Transactions	VI-261
SU-I-02	Recipient Class Grouping Transaction	VI-267
SU-I-03	Summary Profile Exception Control Transactions	VI-273
SU-I-04	Treatment Analysis Exception Control Transaction	VI-279
SU-I-05	Claim Detail Selection Control Transaction	VI-295
SU-I-06	Special Report Writer Control Parameters	VI-287
SU-I-07	Peer Review Reports	VI-295
SU-I-08	Field Audit Reports	VI-297

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DEFINITION

INPUT NAME Provider Class Grouping Transactions	INPUT NO. SU-I-01
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Random	FREQUENCY As required MEDIA Paper

SOURCE OF INPUT DATA

Surveillance and Utilization Review Unit
Process Step U1.1

PURPOSE OF INPUT

Provider Class Grouping Transactions establish new Provider Class Grouping Parameters, and change or delete existing parameters. Provider Class Groups are established within Categories of Service for both the Provider Summary Profile Report group and the Treatment Analysis Report group.

REMARKS

This input consists of four record types as follows:

1. Class Group Assignment Record
2. Type Group Assignment Record
3. Location Group Assignment Record
4. Specialty Group Assignment Record

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME
Provider Class Grouping Transactions
Class Group Assignment Record

INPUT NO.
SU-I-01

SUBSYSTEM NAME
Surveillance and Utilization Review

DATE
8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code	X	
702	Class Group Code	X	
703	Type Group Code	X	
	(occurs once for each type group to be assigned to		
	this class)		
704	Location Group Code	X	
	(occurs once for each location group to be assigned		
	to this class)		
705	Specialty Group Code	X	
	(occurs once for each specialty group to be assigned		
	to this class)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Provider Class Grouping Transactions Type Group Assignment Record	INPUT NO. SU-I-01
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT* NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code	X	
703	Type Group Code	X	
205	Provider Type Code	X	
	(occurs once for each provider type to be assigned		
	to this group)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME
Provider Class Grouping Transactions
Location Group Assignment Record

INPUT NO.
SU-I-01

SUBSYSTEM NAME
Surveillance and Utilization Review

DATE
8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code	X	
704	Location Group Code	X	
236	Location Code	X	
	(occurs once for each location code to be assigned		
	to this group)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Provider Class Grouping Transactions Specialty Group Assignment Record	INPUT NO. SU-I-01
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code	X	
705	Specialty Group Code	X	
220	Provider Specialty Code	X	
	(occurs once for each provider specialty to be		
	assigned to this group)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DEFINITION

INPUT NAME Recipient Class Grouping Transactions	INPUT NO. SU-I-02
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Random	FREQUENCY As required MEDIA Paper

SOURCE OF INPUT DATA

Surveillance and Utilization Review Unit
Process Step U1.1

PURPOSE OF INPUT

Recipient Class Grouping Transactions establish new Recipient Class Grouping Parameters, and change or delete existing parameters. Recipient Class Groups are used to subdivide the total recipient population into homogeneous groups with respect to probable medical care requirements.

REMARKS

This input consists of four record types as follows:

1. Class Group Assignment Record
2. Age Group Assignment Record
3. Location Group Assignment Record
4. Aid Group Assignment Record

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Recipient Class Grouping Transactions Class Group Assignment Record	INPUT NO. SU-I-02
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
702	Class Group Code	X	
706	Age Group Code	X	
	(occurs once for each Age Group to be assigned to		
	this class)		
704	Location Group Code	X	
	(occurs once for each Location Group to be assigned		
	to this class)		
707	Aid Group Code	X	
	(occurs once for each Aid Group to be assigned to		
	this class)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Recipient Class Grouping Transactions Age Group Assignment Record	INPUT NO. SU-I-02
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
706	Age Group Code	X	
740	Recipient Age (lowest for group)	X	
740	Recipient Age (highest for group)	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Recipient Class Grouping Transactions Location Group Assignment Record	INPUT NO. SU-I-02
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
704	Location Group Code	X	
133	Location Code	X	
	(occurs once for each Location Code to be assigned		
	to this group)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Recipient Class Grouping Transactions Aid Group Assignment Record	INPUT NO. SU-I-02
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
707	Aid Group Code	X	
109	Recipient Aid Category Code	X	
	(occurs once for each Recipient Aid Category to be		
	assigned to this group)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DEFINITION

INPUT NAME Summary Profile Exception Control Transactions	INPUT NO. SU-I-03
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Random	FREQUENCY As required
	MEDIA Paper

SOURCE OF INPUT DATA

Surveillance and Utilization Review Unit
Process Step U3.1

PURPOSE OF INPUT

To establish new Summary Profile Exception Control Parameters, change or delete existing Parameters, whether user generated or system generated. Report Item Control Parameters are established for each Report Item within each Class Group. Report Items not controlled by the user will be controlled by the system.

REMARKS

This input consists of four record types as follows:

1. Report Item Control Record
2. Provider Forced Exception Control Record
3. Recipient Forced Exception Control Record
4. Class Group Forced Exception Control Record

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME: Summary Profile Exception Control Transactions Report Item Control Record

INPUT NO.: SU-I-03

SUBSYSTEM NAME: Surveillance and Utilization Review

DATE: 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code (not used for recipients)	X	
702	Class Group Code	X	
708	Report Section Code	X	
709	Report Item Code	X	
710	Display Interval Code		X
711	Zero Suppress Code		X
712	Monthly Profile Value Range	X	
	Upper Exception Control Limit		
	Lower Exception Control Limit		
713	Profile Manual Override Code	X	
	(occurs seven times corresponding to the seven		
	profile entries)		
714	Profile Exception Interval Code		X
	(occurs seven times correspondeing to the seven		
	profile entries)		
715	Trend Line Value Range	X	
	Upper Exception Control Limit		
	Lower Exception Control Limit		
716	Trend Line Manual Override Code	X	
717	Trend Line Exception Interval Code		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME
Summary Profile Exception Control Transactions
Provider Forced Exception Control Record

INPUT NO.
SU-I-03

SUBSYSTEM NAME
Surveillance and Utilization Review

DATE
8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code	X	
201	Provider Number	X	
	(occurs once for each provider on which forced		
	exception is desired)		
718	Force Code	X	
	(occurs once for each Provider Number entered)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Summary Profile Exception Control Transactions Recipient Forced Exception Control Record	INPUT NO. SU-I-03
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
101	Recipient Number	X	
	(occurs once for each recipient on which forced		
	exception is desired)		
718	Force Code	X	
	(occurs once for each Recipient Number entered)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Summary Profile Exception Control Transactions Class Group Forced Exception Control Record	INPUT NO. SU-I-03
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code (not used for recipients)	X	
702	Class Group Code	X	
	(occurs once for each Class Group on which forced		
	exception is desired)		
718	Force Code	X	
	(occurs once for each Class Group entered)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DEFINITION

INPUT NAME Treatment Analysis Exception Control Transactions	INPUT NO. SU-I-04
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Random	FREQUENCY As required MEDIA Paper

SOURCE OF INPUT DATA

Surveillance and Utilization Review Unit
Process Step U5.1

PURPOSE OF INPUT

To establish new Treatment Analysis Exception Control Parameters, change or delete existing parameters, whether user generated or system generated. Diagnosis Exception Control Parameters are established for each Diagnosis Code within each Class Group, and further if desired, by Age Group within Diagnosis Code.

REMARKS

This input consists of three record types as follows:

1. Diagnosis Exception Control Record.
2. Provider Forced Exception Control Record.
3. Class Group Forced Exception Control Record.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Treatment Analysis Exception Control Transactions Diagnosis Exception Control Record	INPUT NO. SU-I-04
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code	X	
702	Class Group Code		X
306	Diagnosis Code	X	
706	Age Group Code		X
719	Procedure/Ancillary Display Frequency Limit		X
720	Procedure/Ancillary Display Interval Code		X
721	Drug Display Frequency Limit		X
722	Drug Display Interval Code		X
	(The following Data Elements occur once for each		
	Report Item on the Treatment Analysis Report)		
723	Treatment Report Item Value Range	X	
	Upper Exception Control Limit		
	Lower Exception Control Limit		
724	Treatment Exception Interval Code		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Treatment Analysis Exception Control Transactions Provider Forced Exception Control Record	INPUT NO. SU-I-04
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code	X	
725	Exception Mode Code		X
201	Provider Number	X	
	(occurs once for each provider on which forced		
	exception is desired)		
718	Force Code	X	
	(occurs once for each Provider Number entered)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Treatment Analysis Exception Control Transactions Class Group Forced Exception Control Record	INPUT NO. SU-I-04
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
301	Category of Service Code	X	
702	Class Group Code	X	
	(occurs once for each Class Group on which forced		
	exception is desired)		
718	Force Code	X	
	(occurs once for each Class Group entered)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DEFINITION

INPUT NAME Claim Detail Selection Control Transactions	INPUT NO. SU-I-05
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Random	FREQUENCY As required MEDIA Paper

SOURCE OF INPUT DATA

Surveillance and Utilization Review Unit
Process Step U7.1

PURPOSE OF INPUT

To establish new Claim Detail Selection Control Parameters, change or delete existing Parameters. Claims are selected primarily on the basis of specific Provider or Recipient Numbers, however, additional Selection Control Parameters are provided.

REMARKS

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME
Claim Detail Selection Control Transactions

INPUT NO.
SU-I-05

SUBSYSTEM NAME
Surveillance and Utilization Review

DATE
8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
	(The following Data Elements occur once for each provider or recipient for whom claims are to be selected; a blank field eliminates selection processing on that element)		
201/101	Provider Number/Recipient Identification Number	X	
301	Category of Service	X	
312	First Date of Service	X	
313	Last Date of Service	X	
306	Diagnosis Code		X
	(occurs once for each Diagnosis Code to be used as a Selection Criterion)		
500	Procedure Code		X
	(occurs once for each Diagnosis Code to be used as as a Selection Criterion)		
718	Force Code	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DEFINITION

INPUT NAME Special Report Writer Control Parameters	INPUT NO. SU-I-06
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Random	FREQUENCY As required
	MEDIA Paper

SOURCE OF INPUT DATA

Surveillance and Utilization Review Unit
Process Step U9.1

PURPOSE OF INPUT

To specify content, sequence, and format of requested special reports.

REMARKS

This input consists of six record types as follows:

1. Selection Control Record
2. Sequence Control Record
3. Report Heading Record
4. Total Break Control Record
5. Pseudo Data Element Control Record
6. Print Control Record

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME
Special Report Writer Control Parameters
Selection Control Record

INPUT NO.
SU-I-06

SUBSYSTEM NAME
Surveillance and Utilization Review

DATE
8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
	(The following set of Data Elements occurs as many times as is necessary to establish desired selection criteria; coding of these Data Elements is free form; parentheses may be used as necessary to establish logical groupings)		
726	Data Element Number	X	
727	Relational Operator	X	
728	Relational Value	X	
729	Logical Connector	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Special Report Writer Control Parameters Sequence Control Record	INPUT NO. SU-I-06
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction	X	
701	Report Group Code	X	
726	Data Element Number	X	
	(occurs in major to minor sequence as many times as		
	is necessary to establish report sequence)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME
Special Report Writer Control Parameters
Report Heading Records

INPUT NO.
SU-I-06

SUBSYSTEM NAME
Surveillance and Utilization Review

DATE
8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
730	Heading Sequence Number	X	
731	Heading Content	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME
Special Report Writer Control Parameters
Total Break Control Record

INPUT NO.
SU-I-06

SUBSYSTEM NAME
Surveillance and Utilization Review

DATE
8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
	(The following set of Data Elements occurs once for		
	each Total Break Level Number)		
732	Level Number	X	
726	Data Element Number	X	
	(A change in the value of the Data Element		
	specified will cause a total break)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME Special Report Writer Pseudo Data Element Control Record	INPUT NO. SU-I-06
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Control Code	X	
734	Pseudo Data Element Number	X	
732	Level Number	X	
	(The following Data Elements are combined in		
	standard algebraic notation to show computation		
	required to produce Pseudo Data Element and may		
	occur as many times as is needed)		
726	Data Element Number	X	
735	Arithmetic Operator	X	
739	Literal Value		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DESCRIPTION

INPUT NAME
Special Report Writer Control Parameters
Print Control Record

INPUT NO.
SU-I-06

SUBSYSTEM NAME
Surveillance and Utilization Review

DATE
8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
700	Parameter Transaction Code	X	
701	Report Group Code	X	
732	Level Number	X	
733	Print Control Code	X	
	(The following set of Data Elements occurs as many		
	times as necessary to specify the content and, if		
	necessary, format of the specified total or detail		
	level)		
726/734	Data Element/Pseudo Data Element Number	X	
736	Field Width	X	
737	Start Column	X	
738	Edit Mask		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DEFINITION

INPUT NAME Peer Review Reports	INPUT NO. SU-I-07
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Random	FREQUENCY As required MEDIA Paper

SOURCE OF INPUT DATA

Peer Review Groups

PURPOSE OF INPUT

To provide the Surveillance and Utilization Review Unit with guidance concerning the medical practices of suspected misutilizers.

REMARKS

The content of this report will vary according to peer review findings and individual State requirements and practices.

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

INPUT DEFINITION

INPUT NAME Field Audit Report	INPUT NO. SU-I-08
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Random	FREQUENCY As required MEDIA Paper

SOURCE OF INPUT DATA

Field Audit Unit
Process Step U10.2

PURPOSE OF INPUT

To report on the results of field audits conducted on the activities of suspected misutilizers.

REMARKS

The contents of this report will vary according to field audit findings and individual State requirements and practices.

F. SUBSYSTEM FILES

The Surveillance and Utilization Review Subsystem utilizes the major files listed below. The purpose and nature of each file are presented on a File Definition Sheet. This sheet is followed by a File Description Form that indicates the data elements that are maintained within the system by this file. The designation of "minimal" for a data element indicates a data element that is deemed essential in order for the overall system to function properly and in accordance with existing Federal policies and regulations. The designation of "recommended" for a data element specifies a data element that is deemed highly desirable from the standpoint of insuring effective surveillance and utilization review activities. Definitions for all data elements and, where applicable, a recommended coding structure can be found in the Appendix.

File Number	File Name	Page Number
CP-F-07	Adjudicated Claims File	VI-301
RS-F-01	Medicaid Eligibility Master File	VI-305
PS-F-01	Provider Master File	VI-307
SU-F-01	Processing Control File	VI-311
SU-F-02	Provider History File	VI-313
SU-F-03	Recipient History File	VI-315
SU-F-04	Treatment History File	VI-317
SU-F-05	Claims History File	VI-319
SU-F-06	Provider Summary File	VI-323
SU-F-07	Recipient Summary File	VI-325
SU-F-08	Treatment Summary File	VI-327
SU-F-09	Microfilm Retrieval File	VI-329
SU-F-10	Investigation and Action File	VI-331

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

FILE DEFINITION

FILE NAME Adjudicated Claims File	FILE NO. CP-F-07
SUBSYSTEM NAME Claims Processing	DATE 8/1/71
SEQUENCE As required by Surveillance and Utilization Review Subsystem	FILE TYPE ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

Created during each payment cycle.

PURPOSE AND FUNCTION

Collects all adjudicated transactions into one file for entry to the Surveillance and Utilization Review Subsystem.

REMARKS

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

FILE DESCRIPTION

FILE NAME Adjudicated Claims File	FILE NO. CP-F-07
SUBSYSTEM NAME Claims Processing	DATE 12/03/73

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
300	Transaction Control Number	X	
301	Category of Service	X	
302	Transaction Code	X	
101	Recipient ID Number	X	
103	Recipient Name	X	
107	Recipient Sex Code	X	
106	Recipient Race Code	X	
105	Recipient Date of Birth	X	
108	Recipient County Code	X	
109	Recipient Aid Category	X	
391	Family Planning Code	X	
303	Attending Physician Number	X	
304	Referring Physician Number	X	
306	Primary Diagnosis Code	X	
307	Secondary Diagnosis Code	X	
201	Provider Number	X	
349	Payment Amount	X	
310	Billing Date	X	
321	Total Claim Charge	X	
328	Third Party Liability Action	X	
329	Third Party Payment Amount	X	
500	Procedure Code	X	
501	Drug Code	X	
315	Refill Indicator	X	
311	Admission Date	X	
312	Beginning Date of Service	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

FILE DESCRIPTION

FILE NAME Adjudicated Claims File	FILE NO. CP-F-07
SUBSYSTEM NAME Claims Processing	DATE 12/03/73

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
313	Ending Date of Service	X	
316	Patient Status	X	
317	Discharged Patient's Destination		X
318	Destination Provider Number		X
319	Previous Provider Number		X
326	Blood Not Replaced	X	
322	Procedure Charge	X	
323	Drug Charge	X	
305	Prescribing Physician Number	X	
314	Place of Service	X	
327	Units of Service	X	
330	Medicare Cash Deductible Amount	X	
331	Medicare Blood Deductible Amount	X	
332	Medicare Coinsurance Amount	X	
376	Payment Date	X	
351	Adjudication Status	X	
378	Date of Surgery	X	
379	Leave Days	X	
380	Allowable Procedure Payment	X	
381	Professional Fee	X	
503	Maximum Days Supply of Drug	X	
384	Type of Service	X	
233	Per Diem Rate	X	
386	Prescription Number	X	
387	Approval Authority		X
388	Screening Results Code	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

FILE DESCRIPTION

FILE NAME Adjudicated Claims File	FILE NO. CP-F-07
SUBSYSTEM NAME Claims Processing	DATE 12/03/73

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
389	Screening Referral Code	X	
390	Screening Related Treatment	X	
392	Medicaid Deductible Amount		X
393	Medicaid Copayment Amount		X
397	Operating Physician Number		X
398	Nature of Admission		X
399	Certification Status		X
400	Certification/Recertification Date		X
401	Certification Review Indicator		X
402	Days Certified Initially		X
403	Total Days Certified		X
404	Number of Requests for Extension		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

FILE DEFINITION

FILE NAME Medicaid Eligibility Master File	FILE NO. RS-F-01
SUBSYSTEM NAME Recipient Subsystem	DATE 8/1/71
SEQUENCE Recipient Identification Number	FILE TYPE ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

Updated daily

PURPOSE AND FUNCTION

The Medicaid Eligibility Master File contains one record for each Medicaid recipient who is eligible now or has been eligible during the past five years. This file contains all data items concerning individual recipients which are needed for claims payment and other related Medicaid activities. This file is updated every day that there are new eligibility transactions to process or eligibility errors to correct.

REMARKS

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

FILE DESCRIPTION

FILE NAME Medicaid Eligibility Master File	FILE NO. RS-F-01
SUBSYSTEM NAME Recipient Subsystem	DATE 12/03/73

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
101	Recipient Identification Number	X	
102	Social Security Claim Number	X	
103	Recipient Name	X	
104	Recipient Address	X	
105	Recipient Date of Birth	X	
106	Recipient Race Code	X	
107	Recipient Sex Code	X	
108	Recipient County Code	X	
109	Recipient Aid Category	X	
110	Eligibility Begin Date	X	
111	Eligibility End Date	X	
	(data elements 108 through 111 are repeated ten times)		
112	Date of Death	X	
113	Third Party Liability Code	X	
114	Buy-In Status Code	X	
224	Date of Last Transaction		X
116	Recipient Exception Indicator		X
117	Money Payment Code	X	
118	Medicare Type Code		X
122	Date of Identification Card Issue		X
	(data element 122 is repeated five times)		
123	Buy-In Eligibility Date	X	
124	Scope of Coverage Code		X
132	Recipient Eligibility Certification Date	X	
133	Recipient Location Code		X

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
GENERAL DESIGN DOCUMENTATION

FILE DESCRIPTION

FILE NAME Medicaid Eligibility Master File	FILE NO. RS-F-01
SUBSYSTEM NAME Recipient Subsystem	DATE 12/03/73

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
134	Social Security Account Number	X	
135	Gross Family Income	X	
136	Family Size	X	
137	Medicaid Premium Amount	X	
138	Medicaid Enrollment Fee Amount	X	
392	Medicaid Deductible Amount	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DEFINITION

FILE NAME Provider Master File	FILE NO. PS-F-01
SUBSYSTEM NAME Provider Subsystem	DATE 8/1/71
SEQUENCE Provider Number	FILE TYPE ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

Update daily if transactions are present.

PURPOSE AND FUNCTION

To retain provider related data to be used by the Claims Processing, Management and Administrative Reporting, and Surveillance and Utilization Review subsystems.

To provide a data base for maintenance, control, and efficient retrieval of information relating to providers.

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MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DESCRIPTION

FILE NAME Provider Master File	FILE NO. PS-F-01
SUBSYSTEM NAME Provider Subsystem	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
201	Provider Number	X	
202	Provider Name	X	
203	Provider Address	X	
204	Provider Pay to Address		X
205	Provider Type	X	
301	Category of Service	X	
207	Beginning Date of Service	X	
208	Ending Date of Service	X	
	(data elements 301 and 207 through 208 are repeated up to 10 times)		
209	Provider Group Number		X
210	Provider Type of Practice Organization		X
211	Provider County Code	X	
212	Provider Employer Identification Number	X	
213	Provider Social Security Number	X	
214	Medicare Provider Number		X
215	Provider Medicare Reimbursement Rates		X
216	Provider Year End Date		X
217	Provider License Number		X
218	Provider License Board Code		X
219	Provider License Date		X
220	Provider Specialty Code	X	
221	Specialty Certification Number		X
222	Specialty Certification Board Code		X
223	Specialty Certification Date		X
	(data elements 220 through 223 are repeated up to		

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FILE DESCRIPTION

FILE NAME Provider Master File	FILE NO. PS-F-01
SUBSYSTEM NAME Provider Subsystem	DATE 12/3/73

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
	three times)		
224	Date of Last Transaction		X
225	Provider Exception Indicator		X
226	Provider Credit Balance Amount	X	
227	Provider Credit Balance Date	X	
228	Provider Application Date		X
229	Provider Rejection Reason Code		X
230	Out of State Provider Code		X
231	National Pharmacy Number		X
232	Number of Beds Certified		X
233	Per Diem Rate	X	
234	Percent of Charges Factor		
235	Rate Effective Date	X	
	(data elements 233 through 235 are repeated up to		
	five times)		
236	Provider Location Code		X
237	Control of Medical Facility		X
238	Provider Enrollment Status Code	X	
239	Provider Enrollment Status Date	X	
	(data elements 238 and 239 are repeated up to five		
	times)		
241	Number Physicians in Group		X
250	Nursing Home Owners	X	
251	Review Committee Members	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DEFINITION

FILE NAME S/UR Control File	FILE NO. SU-F-01
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE None	FILE TYPE ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

The S/UR Control File is updated whenever a change is required to any of the various S/UR Control Parameters.

PURPOSE AND FUNCTION

The S/UR Control File contains all parameters necessary to control exception processing and report production by all modules of the Surveillance and Utilization Review Subsystem.

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MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DESCRIPTION

FILE NAME	FILE NO.
S/UR Control File	SU-F-01

SUBSYSTEM NAME	DATE
Surveillance and Utilization Review	8/1/71

ELEMENT NO.	DATA ELEMENTS	RECOMMENDED	MINIMAL
	The Data Elements which are contained in the S/UR Control File are the same as the Data Elements contained in the following parameter transactions, as specified in Section VI-E: o Provider Class Grouping Transactions (SU-I-01) o Recipient Class Grouping Transactions (SU-I-02) o Summary Profile Exception Control Transactions (SU-I-03) o Treatment Analysis Exception Control Transactions (SU-I-04) o Claim Detail Selection Control Transactions (SU-I-05) o Special Report Writer Control Parameters (SU-I-06)		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DEFINITION

FILE NAME Provider History File	FILE NO. SU-F-02
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Provider Number	FILE TYPE ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

The Provider History File is updated monthly with data from the Adjudicated Claims File and the Provider Master File.

PURPOSE AND FUNCTION

The Provider History File maintains within the Surveillance and Utilization Review Subsystem, all data necessary to produce Provider Summary Profile Reports. One history record is maintained for each provider active in the Medicaid Program during the last fifteen months.

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MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DESCRIPTION

FILE NAME Provider History File	FILE NO. SU-F-02
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	RECOMMENDED	MINIMAL
	The contents of the Provider History File correspond to the contents of the Provider Summary Profile Reports. Report Items defined for these reports which require any type of unduplicated count are supported in the Provider History File by lists of the identification codes of the entities being counted. All Volume Report Items which appear on the Provider Summary Profile Reports, together with work items which are specified as being used to compute Report Items but do not themselves appear on the report, are also contained in this file. Computed Report Items are not contained in this file.		
	See Section VI-D for a description of the Provider Summary Profile Reports.		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DEFINITION

FILE NAME Recipient History File	**FILE NO.** SU-F-03
SUBSYSTEM NAME Surveillance and Utilization Review	**DATE** 8/1/71
SEQUENCE Recipient Identification Number	**FILE TYPE** ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

The Recipient History File is updated monthly with data from the Adjudicated Claims File and the Medicaid Eligibility Master File.

PURPOSE AND FUNCTION

The Recipient History File maintains within the Surveillance and Utilization Review Subsystem, all data necessary to produce the Recipient Summary Profile Reports. One history record is maintained for each recipient active in the Medicaid Program during the last fifteen months.

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FILE DESCRIPTION

FILE NAME Recipient History File	FILE NO. SU-F-03
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	RECOMMENDED	MINIMAL
	The contents of the Recipient History File correspond to the contents of the Recipient Summary Profile Report. Report Items defined for this report which require any type of unduplicated count are supported in the Recipient History File by lists of the identification codes of the entities being counted. All Volume Report Items which appear on the Recipient Summary Profile Report, together with work items which are specified as being used to compute Report Items but do not themselves appear on the report, are also contained in this file. Computed Report Items are not contained in this file.		
	See Section VI-D for a description of the Recipient Summary Profile Report.		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DEFINITION

FILE NAME Treatment History File	FILE NO. SU-F-04
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Provider Number, Diagnosis Code	FILE TYPE ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

The Treatment History File is updated monthly with data from the Adjudicated Claims File and the Provider Master File.

PURPOSE AND FUNCTION

The Treatment History File maintains within the Surveillance and Utilization Review Subsystem, all data necessary to produce the Treatment Analysis Reports. One history record is maintained for each diagnosis code reported by each provider active in the Medicaid Program during the last fifteen months.

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MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DESCRIPTION

FILE NAME: Treatment History File

FILE NO.: SU-F-04

SUBSYSTEM NAME: Surveillance and Utilization Review

DATE: 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
	The contents of the Treatment History File correspond to the contents of the Treatment Analysis Reports. Report Items defined for these reports which require any type of unduplicated count are supported in the Treatment History File by lists of the identification codes of the entities being counted. All Volume Report Items which appear on the Treatment Analysis Reports, together with work items which are specified as being used to compute Report Items but do not themselves appear on the report, are also contained in this file. Computed Report Items are not contained in this file.		
	See Section VI-D for a description of the Treatment Analysis Reports.		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DEFINITION

FILE NAME Claims History File	FILE NO. SU-F-05
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Indexed by Provider Number and Recipient Number	FILE TYPE ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

The Claims History File is updated monthly with data from the Adjudicated Claims File.

PURPOSE AND FUNCTION

The Claims History File maintains within the Surveillance and Utilization Review Subsystem, a record of all claims paid by the claims Processing Subsystem during the last twelve months.

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The Claims History File is indexed to the Provider History File and the Recipient History File for identification and demographic data.

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FILE DESCRIPTION

FILE NAME Claims History File	FILE NO. SU-F-05
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
300	Transaction Control Number	X	
301	Category of Service	X	
302	Transaction Code	X	
101	Recipient ID Number	X	
303	Attending Physician Number	X	
304	Referring Physician Number	X	
306	Primary Diagnosis Code	X	
307	Secondary Diagnosis Code	X	
201	Provider Number	X	
349	Payment Amount	X	
310	Billing Date	X	
321	Total Claim Charge	X	
328	Third Party Liability Action	X	
329	Third Party Payment Amount	X	
500	Procedure Code	X	
501	Drug Code	X	
315	Refill Indicator	X	
311	Admission Date	X	
312	Beginning Date of Service	X	
313	Ending Date of Service	X	
316	Patient Status	X	
317	Discharged Patient's Disposition		X
318	Destination Provider Number		X
319	Previous Provider Number		X
326	Blood Not Replaced	X	
322	Procedure Charge	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DESCRIPTION

FILE NAME Claims History File	FILE NO. SU-F-05
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
323	Drug Charge	X	
305	Prescribing Physician Number	X	
314	Place of Service	X	
327	Units of Service	X	
330	Medicare Cash Deductible Amount	X	
331	Medicare Blood Deductible Amount	X	
332	Medicare Coinsurance Amount	X	
376	Payment Date	X	
351	Adjudication Status	X	
378	Date of Surgery	X	
379	Leave Days	X	
380	Allowable Procedure Payment	X	
381	Professional Fee	X	
503	Maximum Days Supply of Drug	X	
384	Type of Service	X	
233	Per Diem Rate	X	
386	Prescription Number	X	

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DEFINITION

FILE NAME Provider Summary File	FILE NO. SU-F-06
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Category of Service, Class Group, Provider Number	FILE TYPE ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

The Provider Summary File is a work file produced monthly from the Provider History File

PURPOSE AND FUNCTION

The Provider Summary File contains a Summary Profile Record for each provider active in the Medicaid Program during the last fifteen months. The file communicates individual provider data to the exception reporting process.

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FILE DESCRIPTION

FILE NAME Provider Summary File	FILE NO. SU-F-06
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
	The content of the Provider Summary File is identical to the content of the Provider Summary Profile Reports, as specified in Section VI-D.		

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FILE DEFINITION

FILE NAME
Recipient Summary File

FILE NO.
SU-F-07

SUBSYSTEM NAME
Surveillance and Utilization Review

DATE
8/1/71

SEQUENCE
Class Group, Recipient Identification Number

FILE TYPE
☒ EDP ☐ MANUAL

UPDATE PROCEDURE

The Recipient Summary File is a work file produced quarterly from the Recipient History File.

PURPOSE AND FUNCTION

The Recipient Summary File contains a Summary Profile Record for each recipient active in the Medicaid Program during the last fifteen months. The file communicates individual recipient data to the exception reporting process.

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FILE DESCRIPTION

FILE NAME Recipient Summary File	FILE NO. SU-F-07
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71

ELEMENT NO.	DATA ELEMENTS	MINIMAL	RECOMMENDED
	The content of the Recipient Summary File is identi-		
	cal to the content of the Recipient Summary Profile		
	Report, as specified in Section VI-D.		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DEFINITION

FILE NAME Treatment Summary File	FILE NO. SU-F-08
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Category of Service, Class Group, Provider Number, Diagnosis Code	FILE TYPE ☒ EDP ☐ MANUAL

UPDATE PROCEDURE

The Treatment Summary File is a work file produced monthly from the Treatment History File.

PURPOSE AND FUNCTION

The Treatment Summary File contains a Treatment Summary Record for each diagnosis code reported by each provider active in the Medicaid Program during the last fifteen months. The file communicates individual provider treatment data to the exception reporting process.

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FILE DESCRIPTION

FILE NAME	FILE NO.
Treatment Summary File	SU-F-08

SUBSYSTEM NAME	DATE
Surveillance and Utilization Review	8/1/71

ELEMENT NO.	DATA ELEMENTS	RECOMMENDED	MINIMAL
	The content of the Treatment Summary File is identical to the content of the Treatment Analysis Reports, as specified in Section VI-D.		

MODEL TITLE XIX MANAGEMENT INFORMATION SYSTEM
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FILE DEFINITION

FILE NAME Microfilm Retrieval File	FILE NO. SU-F-09
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Indexed by Provider Number and Recipient Identification Number	FILE TYPE ☐ EDP ☒ MANUAL

UPDATE PROCEDURE

The Microfilm Retrieval File is updated monthly with data from computer produced tape files.

PURPOSE AND FUNCTION

The Microfilm Retrieval File is loaded with a print image of contents of the following computer files:

a. Claims History File
b. Provider Summary File
c. Recipient Summary File
d. Treatment Summary File

The file will maintain a permanent record of S/UR reports dealing with all individual providers and recipients and will allow rapid retrieval of this information as it is required.

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FILE DEFINITION

FILE NAME Investigation and Action File	FILE NO. SU-F-10
SUBSYSTEM NAME Surveillance and Utilization Review	DATE 8/1/71
SEQUENCE Alphabetic by name	FILE TYPE ☐ EDP ☒ MANUAL

UPDATE PROCEDURE

The Investigation and Action File is updated manually, as required.

PURPOSE AND FUNCTION

The Investigation and Action File contains records and reports of Field Audits, Peer Reviews, and Corrective Action initiated against suspected provider and recipient misutilizers of the Medicaid Program.

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